

Texas Tech University Health Sciences Center El Paso
RISK ASSESSMENT HEALTH QUESTIONNAIRE FOR ANIMAL CONTACT
Medical History for Workers in the Animal Facility

Confidentiality Statement:

The information contained in Employee Health Records/Files is confidential under applicable State and Federal laws and regulations.

Name: _____
Email: _____
Position: _____
Department: _____
Supervisor/PI Phone: _____

R#: _____
Work Phone: _____
Title: _____
Supervisor/PI: _____
Supervisor's Mail Stop: _____

Describe your position as it involves your potential exposure to animals (required):

Animal/Tissue Use-Check all boxes that apply if statement is applicable to your status:

☐ I will be handling animals as part of an approved IACUC/animal use protocol. Please explain work being conducted: _____

☐ I am involved with veterinary care, animal husbandry or have otherwise direct contact with research animals.

☐ I will not be handling animals, but will be working in areas of the animal facility where animals are housed. Please explain the work being conducted within the animal facility: _____

Animal/Tissue/Body Fluid/Toxin/Bacteria Exposure-Check all that apply:

☐ Mice/Rats ☐ Guinea Pigs ☐ Ferrets ☐ Other _____ ☐ Human samples
☐ Toxins _____ ☐ Bacteria _____ ☐ Viruses _____

**Immunizations are available from the Employee Health Department at no cost to employees.
Call to make an appointment: (915) 215-4429**

Immunization/Screening History	Date
Tetanus booster (every 10 years or 5 years, if exposed)	
Tuberculosis screening (twice per year <u>if working with M. tuberculosis (BSL3/ABSL3)</u>)	
Diphtheria immunization (if working with Diphtheria toxin-identified above)	
Hepatitis B immunization (if human samples is selected above)	
Influenza vaccine (if working with Influenza virus-identified above)	
COVID-19 vaccine (if working with SARS-CoV-2-identified above)	
Other vaccines relevant to the proposed work (if applicable): _____	

Initial and Annual Follow-Up Questionnaire

1. Does the employee's work involve human or animal pathogens, or toxins?

☐ No ☐ Yes ☐ Unsure If yes, select and indicate below:

Please state the biosafety level for this work: _____

☐ Human pathogens _____

☐ Animal pathogens _____

☐ Toxins _____

2. Does the employee's work involve contact with Mycobacterium tuberculosis?

☐ No ☐ Yes ☐ Unsure If yes, please complete the following sections:

Please state the biosafety level for this work: _____

Has the employee ever been diagnosed with TB? ☐ No

☐ Yes

☐ Unsure

If yes, when? _____

Is there any history of positive tuberculosis test? ☐ No

☐ Yes

☐ Unsure

If yes, when? _____

Has Bacille Calmette Guerin (BCG) vaccination been given? ☐ No

☐ Yes

☐ Unsure

If yes, when? _____

3. Does the employee have any special medical conditions that could increase the risk of zoonotic disease or other risks relating to animal work (for example: pregnancy, cancer, immunosuppressive therapy, immunodeficiency, etc.)? ☐ No ☐ Yes ☐ Unsure

If yes, please describe: _____

4. Does the employee have any history of asthma, hay fever, allergic skin problems, eczema, sinusitis, chronic respiratory infections, or disease? NOTE: A history of the same among blood relatives would be important to establish. ☐ No ☐ Yes ☐ Unsure

If yes, what? _____

5. Do any allergic symptoms occur during, or after, contact with a laboratory animal species (sneezing spells, runny or stuffy nose, watery or "itchy" eyes, coughing, wheezing, or shortness of breath, skin rashes or hives, difficulty swallowing)? ☐ No ☐ Yes ☐ Unsure

If so, which species is involved, and how frequently does each symptom occur (daily, weekly, or monthly)? _____

Note the immunization and testing history to include the date, side effect(s), or other relevant information for each of the following: tetanus, hepatitis B, tuberculin (including chest radiograph for known reactors), and other immunizations or tests as would be appropriate for the employee's work.

Additional Personal Health Concerns

Do you have any health or workplace concerns not covered by the questionnaire that you feel may affect your occupational health and would like to confidentially discuss with the Employee Health Office (e.g., questions regarding immunity or medical conditions?) ☐ No ☐ Yes

I have answered the questions on this form truthfully and to the best of my recollection.

Signature

Date