



Completion of the **Health Assessment for Animal Contact Risks – Occupational Health & Safety Program Enrollment Form** is required for all individuals working with animals at Texas Tech University Health Sciences Center. Work-related information will be evaluated by the TTUHSC Occupational Health Nurse to consider risks associated when working with animals to make the necessary recommendations.

### General Health Information: You and Your Work Environment

1. The TTUHSC *Health Assessment for Animal Contact Risks – OHSP Enrollment Form* is for faculty, staff, students and volunteers who have direct exposure to vertebrate animals and in some cases, animal tissue, body fluids or waste. The OHSP evaluation is based on the type and frequency of exposure to animals.
2. The OHSP for personnel with laboratory animal contact administers health risks and medical requirements.
3. The following items are recommended:
  - a. Respirator fit testing – all individuals in contact with pregnant goats and sheep (provided by Safety Services).
  - b. Rabies immunization / titer within 2 years – all individuals in contact with wildlife / field studies with known carrier species.
  - c. Tetanus immunization within 10 years – all individuals having recurrent contact with animals.
  - d. TB screening bi-annually (every 6 months) – in contact with non-human primates.
4. If you are immune-compromised due to treatment of certain diseases, (e.g. cancer, lupus, rheumatoid arthritis, asthma, or as a result of chronic viral illness), special consideration may need to be made for your safety. You are encouraged to confidentially discuss your condition with the Occupational Health Nurse and Physician or your personal care physician.
5. **Female Personnel:** If you are pregnant or become pregnant while at TTUHSC, certain precautions may need to be taken during your pregnancy if you work with animals, biohazardous materials, radiation, or chemical agents. Contact the Occupational Health Nurse for further information.
6. Medical information entered on this *Health Assessment for Animal Contact Risks* is confidential and kept in the TTUHSC Office of Institutional Health.

### Routing of the *Health Assessment for Animal Contact Risks* and *OHSP Enrollment Form*:

This form should be completed at the time a department fills a vacant position or submits a research proposal with personnel that will have contact with animals to determine the risks when working with animals, or to update the health status and discuss associated risks with personnel already enrolled in the TTUHSC OHSP.

1. **Contact the OHSP nurse for an appointment at 806.743.3441 or [shayla.ford@ttuhsc.edu](mailto:shayla.ford@ttuhsc.edu).**
2. Complete this *Health Assessment for Animal Contact Risks - OHSP Enrollment Form*.
3. Provide this **completed and signed** *OHSP Enrollment Form* and *Employee Statement* to the nurse in person at the Office of Institutional Health - Room #1A150 or by email to [shayla.ford@ttuhsc.edu](mailto:shayla.ford@ttuhsc.edu).
4. The Occupational Health Nurse will review the information, and the *Employee Statement* must be signed.

Texas Tech University Health Sciences Center  
**HEALTH ASSESSMENT FOR ANIMAL CONTACT RISKS**  
**OCCUPATIONAL HEALTH & SAFETY PROGRAM ENROLLMENT FORM**  
 Medical History for Workers using Animals in Research

*Confidentiality Notice: The information contained in OHSP Records is confidential under applicable state and federal laws and regulations.*

Name		DOB	Sex
		-	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email		Position / Title	R#
Phone(s)		Department	
Supervisor / PI	Supervisor's Phone	Supervisor's Email	

Describe your position as it involves your potential exposure to animals:

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

- I am not handling animals but will be working in areas of the animal facility where animals are housed.
- I am involved with veterinary care, animal husbandry or have direct contact with research animals.
- I am no longer active on an approved animal use protocol and/or will not be working in the animal facility.

Animal / Tissue / Body Fluid Exposure Check all that apply	Immunization / Screening History	Date (Approximate)	
<input type="checkbox"/> Mice / Rats	Tetanus booster (every 10 years or 5 years if exposed)	-	<b>Occupational Health Immunizations are available on all campuses (AB, AM, LB)</b>  <b>Call 806.743.6633 to make an appointment</b>
<input type="checkbox"/> Guinea pigs	Rabies immunization (in contact with unvaccinated species)	-	
<input type="checkbox"/> Rabbits	MMR immunization / History	-	
<input type="checkbox"/> Dogs	Varicella immunization / History	-	
<input type="checkbox"/> Cats	Tuberculosis screening (bi-annually in contact with non-human primates)	-	
<input type="checkbox"/> Sheep / Goats	Baseline serum testing	-	
<input type="checkbox"/> Non-human primates	Hepatitis B Series / Titer	-	
<input type="checkbox"/> Birds housed outdoors or from the wild	Other:		
<input type="checkbox"/> Unvaccinated species			
<input type="checkbox"/> Other: -		-	

### Initial & Annual Follow-up Information

	Yes	No	Unknown
1. Does the work involve human or animal pathogens? If so, which pathogens? -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the work involve contact with non-human primates? If so, have you ever been diagnosed with TB? -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a history of a positive tuberculosis test? If so, when? -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the Bacille Calmette Guerin (BCG) vaccination been given? If so, when? -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you received immunosuppressive therapy that could increase the risks of zoonotic disease? -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a history of asthma, hay fever, allergic skin problems, eczema, sinusitis, chronic respiratory infections or disease? <b>Note:</b> A history of the same among blood relatives would be important to establish. -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 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, or difficulty swallowing)? If so, which species is involved, and how frequently does each symptom occur (monthly, weekly, daily)? -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Note the immunization and testing history to include the date, side effect(s), or other relevant information for each of the following: tetanus, rabies (initial and booster, immune globulin), 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 questions related to handling or working with animals or have any workplace concerns not covered in this enrollment form that you feel may affect your health or cause occupational health risks, and would like to confidentially discuss the questions/concerns with the Office of Institutional Health (e.g., regarding immunity, medical conditions and/or pregnancy concerns)?

Yes       No

### **Employee Statement:**

*I have answered the items on this health assessment and enrollment form truthfully and to the best of my recollection.*

*x*

Signature

Date