

University of Connecticut

Occupational Health and Safety Program for Animal Handlers

Personnel Forms

Completion of these forms is required as part of the Occupational Health and Safety Program at UConn for persons listed on any Institutional Animal Care and Use Committee (IACUC) Protocol who have contact with animals used for research, teaching, or testing.

The Principal Investigator is responsible for insuring that each individual at risk under his/her oversight completes the attached forms, including the PIs themselves.

<p>Form A University of Connecticut Occupational Health and Safety Program for Animal Handlers - Personal Profile and Declination form</p>	<p>Two page form to be completed by all individuals listed on any IACUC protocol or those with significant animal contact. Page 2 is for declining any services as allowed by the program. The completed original form with signature is to be sent to EH&S, Unit 4097. EH&S is to send a copy of Form A to UConn Student Health Services. Annual updates are required.</p>
<p>Form B Confidential Personal Health History Form</p>	<p>This form is considered confidential medical information. The original is to be sent directly to UConn Student Health Services, attn: Dr. Sternberg, Unit 2011. This form must be completed unless participation is declined (Form A.) Do not send to EH&S. UConn Student Health Services will determine if UCDOEM needs to be consulted. UConn SHS will notify EH&S when Form B has been reviewed. Form B should be updated if you have any significant health changes to report.</p>
<p>Form C Personal Profile for Non- University Affiliates</p>	<p>This form must be completed by any non-university affiliated volunteer or vendor with animal contact. The original form is to be sent to EH&S, unit 4097.</p>

Forms A and C: return original to EH&S, 3102 Horsebarn Hill Road, Unit 4097

Form B: return original to UConn Student Health Services, Unit 2011, Attn: Dr. Sternberg.

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University of Connecticut Occupational Health and Safety Program for Animal Handlers - Personal Profile

Completion of Form A is **required** as part of the Occupational Health and Safety Program at UCONN for persons who have contact with animals used for research, teaching, or testing. Visitors with animal contact for research including visiting scientists, non-UConn students, or outside contractors should fill out Form C

Faculty _____ Staff _____ Student _____ Other (specify) _____

Date _____ Employee ID # or Net I.D. _____ P.I. Name _____

Name _____ Work Phone _____
(First) (Middle) (Last)

Dept. _____ Unit _____ Email _____

Animal Contact Profile – check species worked with here at UConn							
Rodents		Sheep/goats*		Horses		Fish/amphibians	
Rabbits		Cattle		Poultry/birds		Wildlife (specify)	
Cats		Pigs		Reptiles			
Other (specify, e.g., necropsy only, observation only)							

Animal Allergy Concerns (please check one) - _____ **I would like to discuss animal allergies with a physician.**
 _____ **I currently have no animal allergy concerns.**

VACCINATIONS/TESTS - Please indicate below if and when you have had the following vaccinations.

Vaccine	Mo/Yr	Don't Know (Request or decline if unsure)	Vaccination Requested	Decline (complete page 2)
Tetanus Toxoid (needed every 10 yrs)				
Rabies immunization and/or serology (For work with potential rabies vectors, i.e. unvaccinated carnivores, skunks, raccoons, bats.)				

Medical surveillance is offered to all University of Connecticut personnel who handle animals. To be included in this surveillance, fill out Form B – Confidential Personal Health History. This surveillance is optional but can include allergy consultation as well as treatment for zoonotic diseases and other animal-related injuries. If you do not wish to fill out Form B, complete page 2 of this form. ***Individuals with compromised immune systems and/or heart conditions should consult with a physician prior to working with animals, especially sheep or goats.**

I have answered the questions in this form truthfully and to the best of my knowledge. I have read the Occupational Health and Safety Program for Animal Handlers document (<http://www.ehs.uconn.edu/BIOL.HTML>). I do not have any malady that would be deleterious to the laboratory animals. I understand that it is my responsibility to return a completed copy of Form A to: EH&S, 3102 Horsebarn Hill Road, Unit 4097, Phone: (860) 486-3613 Fax: (860) 486-1106 prior to beginning any work with animals.

(Employee's signature)

(Date)

Forms A and C: return original to EH&S, 3102 Horsebarn Hill Road, Unit 4097

Form B: return original to UConn Student Health Services, Unit 2011, Attn: Dr. Sternberg.

University of Connecticut Occupational Health and Safety Program for Animal Handlers - Personal Profile

Declination Page

Directions: Use this page when the designated employee elects NOT to be vaccinated and/or declines medical surveillance/screening services offered free of charge as part of the University of Connecticut Occupational Health and Safety Program for Animal Handlers. Maintain this form in the Environmental Health and Safety employee file.

I. Vaccination Declined

I decline the following vaccinations (initial box): Tetanus Other (specify) _____

I understand that due to my occupational exposure to animals used for research, teaching or testing, I may be at risk of acquiring disease. I have been given the opportunity to be vaccinated, at no charge to me. However, I decline the vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring serious or fatal disease. If, in the future, I want to be vaccinated, I can receive the vaccination(s) at no charge to me.

II. Occupational Health Program Medical Services Declined

I decline the medical surveillance/screening services offered as part of the University of Connecticut Occupational Health and Safety Program for Animal Handlers. (initial box):

I have been informed that due to the nature of my occupational exposure to animals, I may be at risk of acquiring a zoonotic, allergic or animal-related disease. The University of Connecticut has established a medical surveillance program for early detection, diagnosis and treatment of animal-related illnesses. I understand that the records from the program are confidential and that all expenses are paid by the University at no cost to myself. However, at this time, I choose to DECLINE the medical surveillance/screening services offered as part of the University of Connecticut Occupational Health and Safety Program for Animal Handlers. I am aware that I continue to be at risk of acquiring an animal-related illness. If in the future I continue to have occupational exposure to animals while employed at the University and I elect to actively participate in the University's medical surveillance/screening program, I may do so at no charge to me. I therefore decline at this time to complete Form B.

(Employee's signature) _____ (Date)

(Printed name – First, Last) Employee ID # or Net I.D. _____

Dept _____ Unit _____

P.I. Name _____

CONFIDENTIAL PERSONAL HEALTH HISTORY

Work and Medical History Form

University of Connecticut, Storrs Campus

Faculty _____ Staff _____ Student _____ Other (specify) _____

Name: _____ Date: _____ Date of Birth: _____

Address: _____

Social Security #: _____ Telephone #: _____ Sex M F

Job Title: _____ Department: _____ Unit _____ Starting Date/Years in Position _____

Describe Duties: _____

Will you be, or are you exposed to any known hazard (e.g., toxic chemicals, asbestos, heavy lifting, etc)? What type(s)? _____

Do you have any work related health concerns? _____

WORK AND EXPOSURE HISTORY: Briefly describe previous jobs, titles, duties, and dates:

Start Date	End Date	Employer	Job Title/Duties	Exposure

Have you ever had a work related injury, changed jobs, assignments or lost work time because of an injury or other health problem(s); received Worker’s Compensation, or disability insurance? Please describe: _____

Have you ever been directly exposed (touching, breathing, etc.) to any of the following? Please check all the appropriate boxes. Indicate in the comment section below if this was at work, home, doing a hobby or a part time job.

- Acids Asbestos Formaldehyde (Formalin) Mercury Phenol
- Ammonia Carbon Tetrachloride Gluteraldehyde Noise (loud) Radiation
- Anesthetic Agents Carcinogens Ketones Organic Solvents Radionuclides
- Antineoplastic Drugs Ethylene Oxide Lead Pesticides X-rays
- Other: _____

Comments: _____

Are there any other hazards which you are exposed to at home or doing hobbies or current part-time jobs? _____

Please list: _____

Have you ever changed your residence or home because of health problems? Describe. _____

Do you live very near an industrial plant or hazardous waste site? Describe. _____

Form B: return original to UConn Student Health Services, Unit 2011, Attn: Dr. Sternberg.

FORM B

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MEDICAL HISTORY

Check if you have any of the following and give the year

Illness	Year	Illness	Year	Illness	Year
Blackouts or Epilepsy		Ear Infection/ Ruptured Ear Drum		Liver Disease	
Heart Trouble		Bone or Joint Problems		Cancer	
High Blood Pressure		Varicose Veins		Neurologic Disorder	
Tuberculosis		Hernia		Carpal Tunnel	
Diabetes, High Blood Sugar		Anemia/Other Blood Disorder		Neck/Shoulder Injury	
Asthma, Bronchitis, Pneumonia, Other Lung Disease		High Cholesterol or Triglycerides		Tendonitis/Repetitive Strain Injury	
Spleen Absent		Vision Problems		Knee/Foot Problems	
Dermatitis or Other Skin Disease/Rash		Urinary or Kidney Problems		Other	

Describe above positives: _____

Have you ever had back pain or injury which disrupted your usual activities? yes no If yes, please describe all episodes which resulted in absence from work or school (include dates): _____

Any other illness? Please describe and give dates: _____

Please list current medications: _____

Do you have any concerns related to your current work or previous jobs and your reproductive history? (i.e., infertility, miscarriages, still births, or birth defects) _____

Have you ever been in the hospital? Yes No.

Please list any hospitalizations and/or surgeries for major medical illnesses, injury, or procedures: _____

Allergy History:

Allergy to medications: _____

To Animals: _____

To Other Agents? Specify: _____

To Protective Gloves or Latex Allergy (glove dermatitis) _____

I certify to the best of my knowledge that the above information is true.

I understand that this evaluation (history review and physical exam) is related to my job and does not replace routine health care and physical examinations, by my own doctor.

The object of this form is to gather relevant information about occupational history, untoward effects of chemicals and other exposures from the workplace, allergy history, current medications and current health problems. It serves as a baseline for when an employee seeks medical evaluation at the University of Connecticut Student Health Services. This is not a pre-employment, it is a pre-placement questionnaire, and it will not have any power in terms of deterring employment. Furthermore, newly hired employees are free to omit information one may feel is not relevant to the scope of one's job or to the care one may receive from the University of Connecticut Student Health Services.

Signature

Date

Form B: return original to UConn Student Health Services, Unit 2011, Attn: Dr. Sternberg.

FORM C (Non-affiliates)

University of Connecticut Occupational Health and Safety Program for Animal Handlers - Personal Profile for Non-University Affiliates

Directions: Use this form when non-university personnel will be working on approved animal protocols or have significant contact with animals or animal tissue. Non-university affiliates should be made aware of potential hazards involved in working with animals as part of the University of Connecticut Occupational Health and Safety Program for Animal Handlers. The non-university personnel should also be made aware of the recommended immunizations for the species they are working with. Maintain this form in the Environmental Health and Safety files for animal handlers.

Date _____ P.I. or Supervisor Name _____

Name _____ Work Phone _____
(First) (Middle) (Last)

Dept. _____ Unit _____ Email _____

Animal Contact Profile – check species worked with here at UConn							
Rodents		Sheep/goats*		Horses		Fish/amphibians	
Rabbits		Cattle		Poultry/birds		Wildlife (specify)	
Cats		Pigs		Reptiles			
Other (specify, e.g., necropsy only, observation only)							

VACCINATIONS/TESTS - Please indicate below if and when you have had the following vaccinations.

Vaccine	Mo/Yr	Don't Know
Tetanus Toxoid (recommended every 10 yrs)		
Rabies immunization and/or serology (For work with potential rabies vectors, i.e. unvaccinated carnivores, skunks, raccoons, bats.)		

***Individuals with compromised immune systems and/or heart conditions should consult with a physician prior to working with animals, especially sheep or goats.**

I have answered the questions in this form truthfully and to the best of my knowledge. I have read the Occupational Health and Safety Program for Animal Handlers document (<http://www.ehs.uconn.edu/BIOL.HTML>). I do not have any malady that would be deleterious to the laboratory animals. I understand that it is my responsibility to return a completed copy of Form A to: EH&S, 3102 Horsebarn Hill Road, Unit 4097, Phone: (860) 486-3613 Fax: (860) 486-1106 prior to beginning any work with animals.

(Signature)

(Date)

Form C: return original to EH&S, 3102 Horsebarn Hill Road, Unit 4097