



Name: _____ Dawg Tag: _____

PI: _____

Risk Assessment for Animal Work – Complete Prior to Appointment

Pages 1 through 4 **must be filled out prior to your appointment** for medical provider review. If you do not know the answers to questions on page 1 and 2, please consult with the Principal Investigator (PI) of the project **before** you go to the Student Health Center for your physical.

Species and Level of Exposure

Level 1: Enter areas where animals are used, but no animal contact.

Level 2: No live animal procedures, but handles unpreserved animal tissue or samples; and/or handles, restrains, administer treatments or drugs, collect specimens from animal in the lab, vivarium, farms, or field for **LESS** than 4 hours per week.

Level 3: Handles, restrains, administer treatments or drugs, collects specimens from animals, in the lab, vivarium, farms, or field for **MORE** than 4 hours per week.

Level 4: Performs regular animal husbandry and/or surgery or other invasive procedures.

For each species proposed for use, please check the box for one of the following levels of exposure:

Species	Level 1	Level 2	Level 3	Level 4
Laboratory Mice				
Laboratory Rats				
Naked Mole Rats				
Cats				
Dogs				
Ferrets				
Rabbits				
Guinea Pigs				
Hamsters				
Nonhuman Primates				
Skunks				
Armadillos				
Fish				
Coyotes				
Deer				
Wild Mice / Wild Rats				
Amphibians				
Reptiles				
Horses				
Cattle				
Swine				
Sheep				
Goats				
Chickens				



Biological Hazard Exposure in Animal Work or Housing – Include Names of Agents Administered to Animals

Viruses: _____

Bacteria: _____

Yeast: _____

Molds: _____

Protozoa: _____

Chemical Hazard Exposure in Animal Work or Housing – Check all items used

☐ Anesthetic Gases

☐ Compressed Gases in Tanks

☐ Controlled Substances: _____

☐ Toxins, Carcinogens, Mutagens: _____

☐ Corrosives

Physical Hazards Exposure in Animal Work or Housing – Check all items encountered

☐ Repetitive Motion

☐ Excessive Noise (communication within 2 feet distance requires shouting)

☐ Lifting in Excess of 50 Pounds

☐ High Temperatures and/or High Humidity

☐ Outdoor Field Collections/Study/Trapping Work

☐ Ladder Use

☐ High Temperature / High Pressure Devices

☐ Hand or Electric Tool Use, Grinding, Chipping, Sawing



Medical History Form

Confidential and is to remain at the Student Health Center

Name: _____ Dawg Tag: _____ Date: _____

Department/Unit: _____

Position: ☐ Faculty ☐ Staff ☐ Graduate Student ☐ Visitor
☐ Other, describe; _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Do you have any of the following allergies? Note: types of reactions include hives, rash, difficulty breathing, and anaphylaxis.

Drugs:

Penicillin	<input type="checkbox"/> No	<input type="checkbox"/> Yes; Type of reaction: _____
Sulfa	<input type="checkbox"/> No	<input type="checkbox"/> Yes; Type of reaction: _____
Erythromycin	<input type="checkbox"/> No	<input type="checkbox"/> Yes; Type of reaction: _____

Environmental:

Pollen	<input type="checkbox"/> No	<input type="checkbox"/> Yes; Type of reaction: _____
Animal Dander	<input type="checkbox"/> No	<input type="checkbox"/> Yes; Type of reaction: _____
Stinging Insects	<input type="checkbox"/> No	<input type="checkbox"/> Yes; Type of reaction: _____
Latex	<input type="checkbox"/> No	<input type="checkbox"/> Yes; Type of reaction: _____
Mold	<input type="checkbox"/> No	<input type="checkbox"/> Yes; Type of reaction: _____
Food	<input type="checkbox"/> No	<input type="checkbox"/> Yes; Type of reaction: _____

Do you have any of these chronic medical illnesses?

High Blood Pressure:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Angina:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Asthma:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Heart Disease:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Emphysema:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Diabetes:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Irritable Bowel Syndrome:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Hearing Problems:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Tuberculosis:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	COPD:	<input type="checkbox"/> No	<input type="checkbox"/> Yes



Do you have any of these physical limitations?

Back Problems: ☐ No ☐ Yes; explain: _____

Tendon or Joint Problems: ☐ No ☐ Yes; explain: _____

Shortness of Breath on Exertion: ☐ No ☐ Yes; explain: _____

Visual Limitations (including glasses or contacts): ☐ No ☐ Yes; explain: _____

Do you take daily medications?

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Are you pregnant, or do you plan to become pregnant within the next 12 months?

☐ No ☐ Yes ☐ N/A

Are you under a doctor's care for any other medical conditions that have not been listed above?

☐ No ☐ Yes; explain: _____



Animal Use Physical – Return to Laboratory Animal Program Office (Life Science III Room 1062)

Name: _____ Dawg Tag: _____

Date of birth: _____ Sex: _____ Phone: _____

Local Address: _____

Principal Investigator: _____

Species of animals with which you will work:

All personnel are required to have certain immunizations or tests in order to work with animals. The table below states which immunizations or tests are required for different species. Please note which will be required for your work, and indicate if and when you have had the following:

Animal Species Requiring Immunization or Test	Required Immunization/Test	Month/Year
All Vertebrate Species	Tetanus Diphtheria (TD)	
Rabies Vectors (carnivores, skunks, racoons, bats)	Rabies Immunization	
Nonhuman Primates	TB Skin Test	
Other:		

To Be Completed by Medical Provider – Medical Evaluation

“I have evaluated the medical status of this individual and there ☐ ARE ☐ ARE NOT medical conditions that would place this individual at risk if they are in contact with laboratory animals, or a medical condition that may compromise the health status of the laboratory animals. I have advised the individual that according to the above table, different vaccinations are required to work with various species. This individual has received vaccinations and tests as indicated above.”

Medical Provider Signature: _____ Date: _____

Once the Animal Use Physical has been signed by a medical provider, return this page only to the Laboratory Animal Program Office (Life Science III Room 1062).