

Completion of the contact information and health questionnaire forms are required for all individuals who work with or in proximity to animals at Florida Institute of Technology. This work-related information will be evaluated by Florida Tech Licensed Health Care Professionals (LHCP) at the Holzer Health Center (HHC) to determine potential health risks to you and whether further clinical interaction or preventative steps are necessary to protect your health. Florida Tech LHCP will “clear” you for animal contact—with or without restrictions on your work or extra precautions. No work with animals or their tissues is permitted prior to enrollment in the Research Animal Contact Program. Contact the Office of Sponsored Programs with questions at 321-674-7274 or IACUC@fit.edu.

If you do not have animal contact and do not enter the animal facilities but are on an approved IACUC project, complete the first informational section, check the first box in the Animal/Tissue Use section, sign the form and send it to the Office of Sponsored Programs at IACUC@fit.edu. No immunizations/tests are required, and you do not need to complete the health questionnaire.

General Health Information: You and Your Work Environment

1. Florida Institute of Technology’s Research Animal Contact Program covers faculty, staff, students and volunteers or visitors who work with or in proximity to vertebrate animals. Individuals who handle certain animal wastes or tissues, including blood and body fluids are also included in the program. The program requirements are based on the type of exposure to animals.
2. The Research Animal Contact Handbook describes the Research Animal Contact Program as well as health risks and medical requirements.
3. The following items are required:
 - Tetanus immunization within 10 years—All participants with animal contact
 - Rabies immunization series/booster or positive titer every two years—All individuals handling unvaccinated carnivores or their tissue or bats
 - Respirator clearance and fit test—as medically necessary to prevent allergic reactions
 - Medical consultation—as determined by the occupational medicine physicians
4. If you are immunocompromised due to treatment of certain diseases, e.g., cancer, lupus, rheumatoid arthritis, asthma or as a result of chronic viral illness, special considerations may need to be made for your safety. You are encouraged to confidentially discuss your condition with the LHCP or your personal care physician.
5. Female personnel: If you are pregnant or become pregnant while at Florida Institute of Technology, certain precautions may need to be taken during your pregnancy if you work with animals, biohazardous materials or chemical agents. (It is recommended that you discuss your pregnancy and your work environment with your personal care physician or Florida Tech LHCP as early as possible in case precautions need to be instituted.)
6. If you become immune compromised, pregnant, develop animal or environmental allergies, develop a chronic illness or condition, please contact the HHC to discuss how these changes will affect your ability to work with or in close proximity to animals.
7. Your Risk Assessment for Research Animal Contact must be updated on a three-year basis and any time you change or add species. **IMPORTANT:** If you add or delete a species, complete the renewal risk assessment form listing ALL animals contacted, not just the new species. The information on the latest form received supersedes information previously provided, thus approval will just be granted for the new species if it’s the only one listed.
8. Medical clearance for animal contact is required for individuals seeking access to animal housing facilities.
9. Medical information entered on the health questionnaire is confidential and kept only at the HHC; copies should also be retained by the individual.
10. Copies of the contact information and HHC statement are retained in the individual’s laboratory and by the Office of Sponsored Programs.

Routing of Risk Assessment Contact Information and Health Questionnaire Forms

These forms should be completed at the time a department fills a vacant position that involves work with or in proximity to vertebrate animals. These forms should also be completed any time an individual's duties change such that they will work with or in proximity to vertebrate animals. No work with animals or their tissues is permitted prior to enrollment in the Research Animal Contact Program.

1. The participant must complete the first section of the risk assessment form—contact information page, sign it and give it to the supervisor/PI to complete the Animal/Tissue Use section.
2. The supervisor/PI must complete the Animal/Tissue section on the risk assessment form—contact information page. This signature is mandatory for processing (PI's signature if s/he is completing her/his personal form).
3. The participant must complete and sign the health questionnaire and complete the top portion of the HHC statement page.
4. Submit BOTH the completed contact information and health questionnaire to the HHC, Building 266HLZ. Incomplete forms will be returned, delaying your clearance to work with animals.
5. The HHC will review the information and determine whether medical clearance is approved or whether additional information is needed. They will contact the individual through the supervisor if further clinical interaction or a medical consultation is needed.
6. If respirator use is required, the participant must contact EHS at 321-674-7715 for a fit test appointment.
7. When medical clearance is established, the HHC will distribute copies of the clearance statement to the supervisor and the Office of Sponsored Programs.
8. The Office of Sponsored Programs will track medical clearances for animal contact and provide clearance reports as requested.

Further Research Animal Contact Program Information

More Florida Tech Research Animal Contact Program information is on the IACUC website: floridatech.edu/research/institutional-animal-care--use-committee-iacuc. Documentation of Research Animal Contact Handbook review is required on the risk assessment form.

Respirator Clearance

In some cases of animal contact, the use of a HEPA/N95 respirator may be required or recommended. Before a N95 may be worn, the user must be medically cleared by the HHC and fit tested by EHS. Please contact EHS at 321-674-7715 for a fit test appointment.

HHC TO RETURN COPY TO OSP AT IACUC@FIT.EDU

Research Animal Contact Medical Monitoring Program

Name _____ Position title _____

Status: Faculty/staff TA/RA College roll Work-study Volunteer 900 No. (required) _____

Work phone _____ Fit.edu email _____

Department/division _____ Facility/building & room number (where animal activities performed) _____

Supervisor/PI (not needed if PI's personal form) _____

Supervisor's phone _____ Supervisor's email _____

Describe your exposure/potential exposure to animals:

I certify this information is correct, and I've reviewed the Research Animal Contact Program Handbook (floridatech.edu/media/site-specific/wwwfitedu/crm/documents/iacuc/forms/Research-Animal-Contact-Program-Handbook.pdf)

Signature _____ Date _____

Participant must have supervisor fill in section below then you complete top of page 4 and pages 5–6 (medical questionnaire).

SUPERVISOR TO COMPLETE THIS SECTION

ANIMAL/TISSUE USE (Check all boxes that apply.)

- Has no animal contact, does not visit animal facilities, but is listed on a current IACUC project. Stop here, sign and return form (without health questionnaire) to Florida Tech OSP at IACUC@fit.edu.
- No longer active on an approved IACUC project and will not be working in the animal facilities. Stop here, sign and return (without health questionnaire) to Florida Tech OSP at IACUC@fit.edu.
- No direct contact: observes animals or enters animal facility (e.g., IACUC inspector, Florida Tech security personnel, facilities tradesmen).
- Does not conduct procedures on live animals but handles "unfixed" animal tissues and body fluids (e.g., students in teaching lab).
- Handles, restrains, collects specimens from or administers substances to live animals.
- Performs invasive procedures, such as obstetric procedures, surgery, necropsy.
- Behavioral research with limited protective contact.

I certify the information is accurate, and I have trained the individual on the items described in the Florida Tech Research Animal Contact Program Handbook.

PI/supervisor signature _____

Date _____

SUPERVISOR'S SIGNATURE IS MANDATORY FOR PROCESSING.
(PI's signature if s/he is completing personal form).

Animals/Tissue/Body Fluid Exposure

(Check all that apply.)

- Fish: toxic venomous nontoxic/nonvenomous
- Amphibians: toxic nontoxic
- Mice
- Rats
- Wild birds
- Reptiles: venomous nonvenomous
- Other _____

Protocol-Related Exposure (e.g., disinfectants, fixatives, pesticides, anesthetics, pharmaceuticals, etc.)
Check all that apply, and attach full SDS for each item.

- Toxic chemicals (list):

- Infectious agents (list; no SDS required):

- Radioactive materials (list):

- Flammable substances (list):

HHC TO RETURN COPY TO OSP AT IACUC@FIT.EDU

Research Animal Contact Medical Monitoring Program

Name _____

900 No. _____

FOR HOLZER HEALTH CENTER USE ONLY

- 1. No restrictions on animal use.
- 2. Specific restrictions on animal use.
- 3. Not cleared.

Restrictions (if applicable):

Follow up due:

- 1 year
- 3 years
- Other _____

- Copy OSP
- Copy supervisor

Reviewing medical personnel _____ Date _____

FOR PERSONAL/HEALTH CENTER USE ONLY

Research Animal Contact Medical Monitoring Program

Name _____ 900 No. _____

Semester and year started (*students only*) _____

Date of birth _____ Male Female

Immunization/Screening History	Date
Tetanus immunization (Required of all)	
Rabies immunization (Required of all in contact with unvaccinated carnivores or bats)	
Serum for banking (If directed by physician)	
HEPA/N95 respirator clearance (Required for some mammal contact)	
HEPA/N95 respirator fit test (Annual fit tests needed for HEPA/N95 use)	

Environmental Allergies/Asthma/Skin Problems	Yes	No	Don't Know
1. Are you allergic to any animal(s)? If yes, list animals that cause your allergy symptoms:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any other known allergies? If yes, what? List cause(s) of allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. List symptoms that occur when you are suffering from your allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. List any treatment that you received to relieve your allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you allergic or possibly allergic to the animals that you currently work with? If yes, have you been seen by a physician for this?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have asthma? If yes, list cause(s) (if you do not know, write "unknown"):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have asthma related to the animals that you currently work with? If yes, have you been seen by a physician for this?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you experience shortness of breath at work? If yes, explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have any skin problems related to work? (e.g., reactions to latex, dry/cracked skin, rashes) If yes, describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you developed any symptoms or illnesses as a result of your exposure to animals? If yes, describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have any chronic medical conditions? If yes, describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have any problems with your immune system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on page 6

Name _____ 900 No. _____

Environmental Allergies/Asthma/Skin Problems	Yes	No	Don't Know
13. Do you have a history of heart disease? If yes, describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you take any medications (prescribed or over the counter) on a regular basis? If yes, please list:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Prior to your current job, have you been previously exposed to animals in any of the following settings?

	Mice	Rabbits	Cats	Dogs	Guinea pigs/ hamsters	Other
University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pharmaceutical Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vet Clinic or School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Zoo or Animal Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pet Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wildlife Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Animal Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

16. If you were exposed to any lab animal, did you have any symptoms? If yes, which animal? _____ If yes, which symptom? <input type="checkbox"/> Skin <input type="checkbox"/> Nose/eye <input type="checkbox"/> Chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. If you were exposed to any animal, did you avoid or stop working with any animal because you thought you were allergic to it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you live with any indoor or outdoor pets? If yes, list:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have any symptoms when exposed to your pets? If yes, list:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you wear a fit-tested respirator (including N95) to perform any activities at work? If yes, date of last respirator training _____ Date of last supervised fit testing _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Personal Health Concerns			
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21. 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 occupational health consulting physician (e.g., questions regarding immunity or medical conditions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I have answered the questions on this form truthfully and to the best of my recollection.

Signature _____ Date _____