Instructions for Completing the
Renewal - Risk Assessment for Research
Animal Contact
Research Animal Contact Medical Monitoring Program
Office of Research (OOR)
Florida Institute of Technology

Everyone in the animal contact program at Florida Institute of Technology must submit the Renewal-Risk Assessment form at least every three years or any time they contact a new animal species. The information provided will be evaluated by FIT Licensed Health Care Professionals (LHCP) at the Holzer Health Center (HHC) to determine if there are any new potential health risks to you and whether further clinical interaction or preventative steps are necessary to protect your health. FIT LHCP will “clear” you with or without restrictions on your work or extra precautions, depending on your current health status and your current animal exposure. Please contact the Office of Research (OOR) with questions at 321-674-7274.

It is the responsibility of the PI to ensure that the Renewal forms are submitted to the HHC at the appropriate time. Approval to work with animals is valid for three years from the original or renewal approval date, unless species or individual health issues change.

**HHC approval changes with the addition/deletion of species or health issues.** The individual is responsible for notifying the HHC any time animal contact changes or for health status changes. If you become immune compromised, pregnant, develop animal or environmental allergies, develop a chronic illness or condition, contact the HHC to discuss how these changes will affect your ability to work with or in close proximity to animals. **Also, for any added species contact, complete the Renewal-Risk Assessment form and submit it to the HHC. List all animals contacted on the Renewal form, not just the added species.**

If you do not have animal contact and do not enter the animal facilities but are on an IACUC-approved project, complete the first informational section, check the first box in the Animal/Tissue Use Section, sign the form and send it to OOR. No immunizations/tests are required and you do not need to complete the Health Questionnaire.

**General Animal Contact Requirements**

1. The Research Animal Contact Program Handbook describes the Research Animal Contact Program and is available on the OOR website https://www.fit.edu/research/institutional-animal-care--use-committee-iacuc/animal-care--use-training/
2. The following items are required:
   - Tetanus Immunization within 10 years - All participants with animal contact
   - Rabies Immunization Series/Booster or Positive Titer every 2 years – All who handle unvaccinated carnivores or their tissue or bats
   - Respirator Clearance and Fit Test – as needed to prevent allergic reactions
   - Medical consultation – As determined by FIT LHCP
3. Medical information entered on the Renewal Health Questionnaire is confidential and is kept only at the HHC.

**Routing of Renewal-Risk Assessment form**

1. The participant must complete the first section of the Risk Assessment form - Contact Information page, sign it and give it to the Supervisor 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.
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) 419-8021 for a fit test appointment.
7. When medical clearance is established, the HHC will distribute copies of clearance statement to the Supervisor and OOR.
8. The OOR will track medical clearances for animal contact and provide clearance reports as requested.
Renewal - Risk Assessment for Research Animal Contact

Research Animal Contact Medical Monitoring Program – Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Position Title</th>
<th>Date of Birth</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIT 900# (required for processing)</td>
<td>Work Phone</td>
<td>FIT.EDU Email</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department/Division</td>
<td>Facility/Building &amp; Room Number (where animal activities performed)</td>
<td></td>
<td></td>
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<tr>
<td>Supervisor/PI</td>
<td>Supervisor’s Phone</td>
<td>Supervisor’s Email</td>
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Describe your exposure/potential exposure to animals:

I certify this information is correct and I’ve reviewed the Research Animal Contact Program Handbook (https://www.fit.edu/research/institutional-animal-care-use-committee-iacuc/animal-care--use-training/)

Signature: _______________________________ Date: ________________

Participant must have Supervisor fill in section below then you complete Pages 2 - 3 (Medical Questionnaire) & top of Page 4.

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 & return form (without health questionnaire) to FIT OOR 150 W. University Blvd, Melbourne, FL 32901 or Fax (321) 674-8969.

- [ ] No longer active on an approved IACUC project & will not be working in the animal facilities. Stop here, sign & return (without health questionnaire) to FIT OOR 150 W. University Blvd, Melbourne, FL 32901 or Fax (321) 674-8969.

- [ ] No direct contact: observes animals or enters animal facility. Eg.: IACUC inspector, FIT Security personnel, Facilities Tradesmen.

- [ ] Does not conduct procedures on live animals but handles “unfixed” animal tissues and body fluids. Eg.: students in teaching lab

- [ ] Handles, restrains, collects specimens from or administers substances to live animals.

- [ ] Performs invasive procedures such as obstetric procedures, surgery, necropsy.

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

PI/Supervisor Signature: _____________________ Date: ________________

Supervisor’s Signature is Mandatory for Processing!!

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 & attach full SDS for each item

- [ ] Toxic chemicals (list):

- [ ] Infectious agents (list; no SDS required):

- [ ] Radioactive materials (list):

- [ ] Flammable substances (list):
Research Animal Contact Medical Monitoring Program: Renewal Health Questionnaire

Name ___________________________   FIT 900# ___________________________

<table>
<thead>
<tr>
<th>Immunization/Screening History</th>
<th>Date</th>
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<tbody>
<tr>
<td>Tetanus Immunization (Required of all)</td>
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<tr>
<td>Rabies Immunization (Required of all in contact with unvaccinated carnivores or bats)</td>
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<tr>
<td>Serum for Banking (If directed by physician)</td>
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<tr>
<td>HEPA/N-95 Respirator clearance (Required for some mammal contact)</td>
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<tr>
<td>HEPA/N-95 Respirator fit test (Annual fit tests needed for HEPA/N-95 use)</td>
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**ENVIRONMENTAL ALLERGIES/ ASTHMA/ SKIN PROBLEMS**

1. Are you allergic to any animal(s)? If yes, list animals that cause your allergy symptoms:
   - Yes [ ] No [ ] Don’t Know [ ]

2. Do you have any other known allergies? If yes, what?
   List cause(s) of allergies:
   - Yes [ ] No [ ] Don’t Know [ ]

3. List symptoms that occur when you are suffering from your allergies:
   - Yes [ ] No [ ] Don’t Know [ ]

4. List any treatment that you received to relieve your allergies:
   - Yes [ ] No [ ] Don’t Know [ ]

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?
   - Yes [ ] No [ ] Don’t Know [ ]

6. Do you have asthma? If yes, list cause(s) (if you do not know, write "unknown")
   - Yes [ ] No [ ] Don’t Know [ ]

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?
   - Yes [ ] No [ ] Don’t Know [ ]

8. Do you experience shortness of breath at work? If yes, explain:
   - Yes [ ] No [ ] Don’t Know [ ]

9. Do you have any skin problems related to work? (e.g. reactions to latex, dry/cracked skin, rashes) If yes, describe:
   - Yes [ ] No [ ] Don’t Know [ ]

10. Have you developed any new medical problems since your last evaluation? If yes, describe:
    - Yes [ ] No [ ] Don’t Know [ ]

11. Do you have any chronic medical condition? If yes, describe:
    - Yes [ ] No [ ] Don’t Know [ ]

12. Do you have any problems with your immune system?
    - Yes [ ] No [ ] Don’t Know [ ]

13. Do you have a history of heart disease? If yes, describe:
    - Yes [ ] No [ ] Don’t Know [ ]

14. Do you take any medications (prescribed or over the counter) on a regular basis? If yes, please list.
    - Yes [ ] No [ ] Don’t Know [ ]

15. Do you live with any indoor or outdoor pets?
    If yes, list
    - Yes [ ] No [ ] Don’t Know [ ]

16. Do you have any symptoms when exposed to your pets?
    If yes, list
    - Yes [ ] No [ ] Don’t Know [ ]

17. Do you wear a fit tested respirator (including N95) to perform any activities at work?
    If yes, date of last respirator training: ___________________________
    If yes, date of last supervised fit testing: ___________________________
    - Yes [ ] No [ ] Don’t Know [ ]

**MORE ON NEXT PAGE**

Incomplete forms will be returned
Name ___________________________ FIT 900# ____________________

ADDITIONAL PERSONAL HEALTH CONCERNS

Yes ☐ No ☐

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)?

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

____________________________________            ________________
Signature                                        Date
### Holzer Health Center Statement - Renewal

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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**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:___________________________

Copies:

- [ ] Copy OOR
- [ ] Copy
- [ ] Supervisor

Reviewing Medical Personnel: _________________________________ Date: ________________