Instructions for Completing the

Risk Assessment for Research Animal Contact
Research Animal Contact Medical Monitoring Program
Office of Research
Florida Institute of Technology

Completion of the Contact Information and Health Questionnaire forms are required for all individuals who work with or in proximity to animals at the Florida Institute of Technology. This work-related information will be evaluated by FIT 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. FIT 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 Research with questions at 321-674-7274.

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 Office of Research, 150 W. University Blvd, Melbourne, FL 32901. No immunizations/tests are required and you do not need to complete the Health Questionnaire.

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

1. The 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 includes 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 2 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 the 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 FIT Licensed Health Care Professional 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 3 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 Research.
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) 419-8021 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 Research.
8. The Office of Research will track medical clearances for animal contact and provide clearance reports as requested.

Further Research Animal Contact Program Information


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) 419-8021 for a fit test appointment.
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>Status</th>
<th>College Roll</th>
<th>Faculty/Staff</th>
<th>TA/RA</th>
<th>Work Study</th>
<th>Volunteer</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIT 900# (required for processing)</td>
<td>Work Phone</td>
<td>FIT.EDU Email</td>
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<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Department/Division</th>
<th>Facility/Building &amp; Room Number (where animal exposure occurs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor/PI (not needed if PI’s personal form)</th>
<th>Supervisor’s Phone</th>
<th>Supervisor’s Email</th>
</tr>
</thead>
</table>

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 & top of page 2, and pages 3 - 4 (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 & 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!!

(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 & attach full SDS for each item

- Toxic chemicals (list):
- Infectious agents (list; no SDS required):
- Radioactive materials (list):
- Flammable substances (list):
Holzer Health Center Statement

Name ___________________________________________ FIT 900# ________________

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 OOR
☐ Copy Supervisor

Reviewing Medical Personnel: ___________________________ Date: ________________
Research Animal Contact Medical Monitoring Program: Health Questionnaire - Page 1

Name ___________________________ FIT 900# _______________________
Semester & year started (students only): __________________

**Date of Birth:**

**Immunization/Screening History** (Attach documentation) | 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/N-95 Respirator clearance (Required for some mammal contact) | 
HEPA/N-95 Respirator fit test (Annual fit tests needed for HEPA/N-95 use) | 

**ENVIRONMENTAL ALLERGIES/ ASTHMA/ SKIN PROBLEMS**

1. Are you allergic to any animal(s)? If yes, list animals that cause your allergy symptoms: 

2. Do you have any other known allergies? If yes, what? List cause(s) of allergies: 

3. List symptoms that occur when you are suffering from your allergies: 

4. List any treatment that you received to relieve your allergies: 

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? 

6. Do you have asthma? If yes, list cause(s) (if you do not know, write "unknown") 

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? 

8. Do you experience shortness of breath at work? If yes, explain: 

9. Do you have any skin problems related to work? (e.g. reactions to latex, dry/cracked skin, rashes) If yes, describe: 

10. Have you developed any symptoms or illnesses as a result of your exposure to animals? If yes, describe: 

11. Do you have any chronic medical condition? If yes, describe: 

**MORE ON NEXT PAGE**
Research Animal Contact Medical Monitoring Program: Health Questionnaire- Page 2

Name ___________________________________________ FIT 900#

12. Do you have any problems with your immune system? [ ] Yes [ ] No [ ] Unsure

13. Do you have a history of heart disease? If yes, describe: _______________________________________________________

14. Do you take any medications (prescribed or over the counter) on a regular basis? If yes, please list. _______________________________________________________

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

<table>
<thead>
<tr>
<th>Setting</th>
<th>Mice/Rats</th>
<th>Rabbits</th>
<th>Cats</th>
<th>Dogs</th>
<th>Guinea Pigs/Hamsters</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>University</td>
<td>[ ]</td>
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<td>[ ]</td>
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<tr>
<td>Pharmaceutical Lab</td>
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<tr>
<td>Hospital</td>
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<tr>
<td>Vet Clinic or School</td>
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<tr>
<td>Zoo or Animal Park</td>
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<tr>
<td>Pet Store</td>
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<tr>
<td>Wildlife Facility</td>
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<tr>
<td>Animal Shelter</td>
<td>[ ]</td>
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</tbody>
</table>

ENVIRONMENTAL ALLERGIES/ASTHMA/SKIN PROBLEMS

16. If you were exposed to any lab animal, did you have any symptoms? If yes, which animal? _______________________________________________________

   If yes, which symptom? [ ] Skin [ ] Nose/Eye [ ] Chest

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? [ ] Yes [ ] No [ ] Unsure [ ] NA

18. Do you live with any indoor or outdoor pets? If yes, list _______________________________________________________

19. Do you have any symptoms when exposed to your pets? If yes, list _______________________________________________________

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: __________________

ADDITIONAL PERSONAL HEALTH CONCERNS

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)? [ ] Yes [ ] No

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

____________________________________________________________
Signature Date

Incomplete forms will be returned