

Everyone in the animal contact program at Florida Institute of Technology must submit the Renewal-Risk Assessment form at least every three years or anytime they contact a new animal species. The information provided will be evaluated by Florida Tech 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. Florida Tech 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 Sponsored Programs (OSP) with questions at 321-674-7274 or IACUC@fit.edu.

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 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 Animal Contact Requirements

1. The Research Animal Contact Program Handbook describes the Research Animal Contact Program and is available at floridatech.edu/media/site-specific/wwwfitedu/crm/documents/iacuc/forms/Research-Animal-Contact-Program-Handbook.pdf.
2. 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 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 Florida Tech 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 321-674-7715 for a fit test appointment.
7. When medical clearance is established, the HHC will distribute copies of clearance statement to the supervisor and OSP.
8. The OSP will track medical clearances for animal contact and provide clearance reports as requested.

Name _____ Position title _____

Date of birth _____ Male Female Employee 900 No. (required for processing) _____

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 pages 3–4 (Medical Questionnaire) and top of page 5.

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 form (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, observes 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.

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):

Name _____ Employee 900 No. _____

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 new medical problems since your last evaluation? 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"/>
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"/>

Continued on page 4

Name _____ Employee 900 No. _____

Environmental Allergies/Asthma/Skin Problems	Yes	No	Don't Know
15. Do you live with any indoor or outdoor pets? If yes, list:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have any symptoms when exposed to your pets? If yes, list:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. 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			
18. 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"/>	

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

Signature _____ Date _____

Name _____ Position title _____

Work phone _____ Fit.edu email _____

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

Supervisor/PI _____

Supervisor's phone _____ Supervisor's email _____

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 _____