Instructions for Completing the

Risk Assessment for Animal Contact for DVM Students

Student Health Care Center in collaboration with Environmental Health & Safety

Completion of the Health Questionnaire form is required for all individuals who work with or in proximity to animals at the University Florida. This information will be evaluated by the Student Health Care Center (SHCC) to determine potential health risks to you and whether further clinical interaction or preventative steps may be necessary to protect your health. The SHCC will "clear" you for animal contact – with or without restrictions or extra precautions. Diane Pecora, RN Specialist at the Student Health Care Center, 352-392-1161 ext. 1-4259 or 1-4312 is your contact for this program.

General Health Information: You and Your Environment

1. The University of Florida's 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, length of time, and frequency of exposure to animals.
2. The Animal Contact Handbook (http://www.ehs.ufl.edu/bio/Animal/achand.htm) describes the Animal Contact Program as well as includes health risks and medical requirements.
3. The following items are required:
   - Tetanus Immunization within the past 5 years – Tdap is now the standard of care and protects for Tetanus, Diphtheria and Pertussis.
   - Rabies Immunization Series or Positive Titer every 2 years.
   - Serum Banking
   - TB Screening – TB skin test by PPD must be within 6 months of Orientation. If you have had a positive PPD in the past, you must submit a report of a chest x-ray current within the last year.
   - Medical consultation – Only as determined by the Student Health Care Center
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 University of Florida, 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 UF Occupational Medicine Physician or 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, and please contact the SHCC to discuss how these changes will affect your ability to work with or in close proximity to animals.
7. Medical information entered on the Health Questionnaire is confidential and kept only at the Student Health Care Center.

Routing of Risk Assessment Health Questionnaire Forms

1. Complete and sign the Health Questionnaire
2. Submit it to: ATTN: Diane Pecora, RN Specialist
   UF Student Health Care Center
   P.O. Box 117500
   Gainesville, FL 32611-7500
3. The SHCC will review the information and determine whether medical clearance is approved or whether additional information is needed. They will contact the individual through the College if further clinical interaction or a medical consultation is needed.
4. The student is responsible for any charges incurred. See SHCC Billing and Services Information below for details.
5. When medical clearance is established, the SHCC will distribute copies of the clearance statement to the College of Veterinary Medicine and EH&S.
6. EH&S will track medical clearances for animal contact and provide clearance reports as requested.

You may fax copies to 352-392-0938 or deliver to Special Clinics, Student Health Care Center, 1 Fletcher Drive. Incomplete forms will be returned, delaying your clearance to work with animals.

SHCC Billing and Services Information

There is a charge assessed by the Student Health Care Center for the evaluation of each Risk Assessment Health History form. Additional charges will be assessed if a medical exam is deemed necessary. Remember, you will only be billed for review of health records and any other immunizations/services you actually receive at the August 11th, 2009 orientation.

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NAME: _____UFID:_____

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:_____	☐	☐	☐
2. Do you have any other known allergies? If yes, what? If yes, 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: _____	☐	☐	☐
12. Do you have any problems with your immune system? If yes, describe: _____	☐	☐	☐
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: _____	☐	☐	☐

MORE ON NEXT PAGE

NAME: _____UFID:_____

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

	Mice /Rats	Rabbits	Cats	Dogs	Sheep /Goat	Horses	Non-human Primates	Wild Birds	Other
University	☐	☐	☐	☐	☐	☐	☐	☐	
Pharmaceutical Lab	☐	☐	☐	☐	☐	☐	☐	☐	
Hospital	☐	☐	☐	☐	☐	☐	☐	☐	
Research Lab	☐	☐	☐	☐	☐	☐	☐	☐	
Vet School	☐	☐	☐	☐	☐	☐	☐	☐	
Vet Clinic	☐	☐	☐	☐	☐	☐	☐	☐	
Pet Store	☐	☐	☐	☐	☐	☐	☐	☐	

ENVIRONMENTAL ALLERGIES/ ASTHMA/ SKIN PROBLEMS	**Yes**	**No**	**Don't Know**
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? _____	☐	☐	☐
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? If yes, date of last respirator training: _____ Date of last supervised fit testing: _____	☐	☐	☐

Rabies Vaccination. Attach official copies of these:									
Titer Result:									
Dates of Shots:									

ADDITIONAL PERSONAL HEALTH CONCERNS	**Yes**	**No**
Do you have any health concerns not covered by the questionnaire that you feel may affect your occupational health and would like to confidentially discuss with the SHCC 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