SYRACUSE UNIVERSITY

Animal Users Health and Safety Questionnaire

The purpose and goal of the Animal Use Health and Safety Program is to identify, evaluate, manage, and reduce potential health risks associated with the care and use of animals at the institution. Medical surveillance is a critical component of effective animal use health programs and involves the evaluation of health risks associated with an individual’s exposure to animals and hazardous agents. This initial evaluation establishes a baseline of an individual’s potential exposure risks.

By completing this form, you agree to provide truthful and accurate information for purposes of a health safety review.

### NOTE: This initial assessment must be completed prior to working with animals. After the initial assessment, you will complete a self-assessment annually. The Office of Research Integrity and Protections will coordinate with your lab to complete that renewal.

# Name: Last , First SUID:

# Campus/home Mail Address:

# E-mail Address:       Campus/home Phone #:

# Name of Principal Investigator/Employer:

# Unit where employed or where handling animals:

# Occupation/Position at Syracuse University:

Status (check all that apply):

[ ]  Faculty [ ]  Staff [ ]  Undergraduate [ ]  Graduate [ ]  Research Assistant

# [ ]  Other: (please specify)

**Please check all circumstances that apply.** (“Contact” means direct handling or care)

[ ]  Contact with vertebrate animals.

[ ]  Contact with animal tissues/fluids not treated with chemical preservatives.

[ ]  No direct animal contact but working in the same facility with animals or their non-preserved tissues.

### Animal/Tissues/Body Fluids to Which You Might Be Exposed

[ ]  Rats/Mice [ ]  Rabbits [ ]  Birds [ ] Gerbils [ ]  Amphibians [ ]  Fish

# [ ]  Guinea Pigs [ ]  Chinchillas [ ]  Reptiles [ ]  Cats [ ]  Other (specify):

# Estimate animal contact in hours per week:

# Estimate non-direct animal contact time in hours per week: ­­­

#### FOR INDUSTRIAL MEDICAL ASSOCIATES USE ONLY

[ ]  Risk assessment satisfactory based on review of medical history submitted.

[ ]  Industrial Medical Associates Representative recommends the employee use personal protective equipment (PPE) as described: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  Five Star Representative will contact the employee to schedule a follow-up visit with the designated Five Star medical professional. Five Star will notify Syracuse University’s Office of Laboratory Animal Resources when the employee is clear to work with animals.

Reviewing IMA Representative: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Syracuse University Animal Users Health & Safety Questionnaire**

# Name:Name SUID:       Date:

**Medical History**

This page is for Industrial Medical Associates’ information only and will **NOT** be forwarded to the Office of Laboratory Animal Resources

**Do you have any of the following? Yes No Yes No**

 Hay fever or other environmental seasonal allergies [ ]  [ ]  Runny nose (rhinitis) [ ]  [ ]

 Burning or watery eyes [ ]  [ ]  Wheezing or chest tightness [ ]  [ ]

 Persistent or recurrent cough [ ]  [ ]  Hives [ ]  [ ]

 Swelling of lips/eyes [ ]  [ ]  Asthma [ ]  [ ]

Carpal Tunnel or other repetitive motion injury [ ]  [ ]  Arthritis [ ]  [ ]

 No / Not Applicable [ ]

# If you have any of the above symptoms or conditions, please describe:

**Have symptoms occurred in relation to animals or work?** [ ]  Yes [ ]  No

# If yes, please explain:

**Are you allergic to any of the following? (Check all that apply)**

 [ ]  Rats/Mice [ ]  Rabbits [ ]  Birds (feathers) [ ]  Amphibians [ ]  Weeds

 [ ]  Guinea Pigs [ ]  Chinchillas [ ]  Reptiles [ ]  Fish [ ]  Trees

 [ ]  Gerbils [ ]  Cats [ ]  Grass [ ]  Food [ ]  Pollen

#  [ ]  Latex [ ]  Other:

[ ]  I am not allergic to any of the items listed above.

**What was the date of your last tetanus booster (Tdap or Td) injection?**

# List any allergies to medicines:

**Please describe any health conditions you think may be pertinent to working with animals:**

#

**Please be informed that certain medical conditions increase your risk of potential health problems when working with animals, these can include: animal-related allergies, chronic back injury, pregnancy and immunosuppression. If any of these conditions apply, inform your personal physician/health care professional of your work.**

**I agree to have the above information reviewed by Industrial Medical Associates, P.C.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**Please return completed form via email -OR- in a sealed envelope to:**

**Email:** davidseeleymd@crouse.org

**Mail: Five Star Medical**

**Attn: Tim Christman**

**961 Canal Street**

**Syracuse, NY 13210**

**Mail: Office of Research Integrity & Protections**

**214 Lyman Hall**

(**Mark the envelope “Confidential – Medical**

**Questionnaire” and ORIP will mail it to**

**Industrial Medical Associates for you.**

**The health professionals at Five Star Medical** **will be the only individuals reviewing the medical history information included on this questionnaire (Page 2). The medical history section of this questionnaire is considered private health information and will be filed with Five Star. Only Five Star will have access to this information.**

If you have any questions regarding the Animal Use Health and Safety Program contact:

Misty Touchette OR Tracy J. Cromp

Animal Facilities Manager and IACUC Administrator Director

Office of Laboratory Animal Resources Office of Research Integrity and Protections

107 College Place – Rm. 114 214 Lyman Hall

315-443-1690 315-443-2855

mltouche@syr.edu tjcromp@syr.edu