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:

# Campus/home Phone #:

# E-mail Address:

# 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 HEALTH SERVICES USE ONLY

Risk assessment satisfactory based on review of medical history submitted.

Health Services recommends the employee use personal protective equipment (PPE) as described: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

Reviewing Health Services Representative: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_**

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

# Name:       SUID:       Date:

**Medical History**

This page is for Health Services information only and will **NOT** be forwarded to the Office of Laboratory Animal Resources

**Have you had any of the following?** (Check all that apply and **indicate when**)

Pneumonia   Heart Disease  Recurrent Bronchitis

Arthritis  Chronic Back or Joint Pain  Carpal Tunnel Syndrome or Repetitive Motion Injury

# I have not had any of the conditions listed above.

# Date(s):

**Do you have any of the following? (Check all that apply)**

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

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 the designated Syracuse University Health Services professional.**

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

**Signature Date**

**-NO APPOINTMENT NECESSARY-**

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

[**ssmith49@syr.edu**](mailto:ssmith49@syr.edu)

**Shaneika Smith**

Health Services

111 Waverly Avenue

**Benjamin Domingo, Director of Student Health Services or a designated Health Services professional will be the only individuals reviewing the medical history information included on this questionnaire. The medical history section of this questionnaire is considered private health information and will be filed with Health Services. Only Health Services 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](mailto:mltouche@syr.edu) [tjcromp@syr.edu](mailto:tjcromp@syr.edu)