**University at Buffalo-Lab Animal Facilities**

**Occupational Health Program for Research Staff Working with Animals**

**Health History Form.2024**

**To enroll in UB’s Occupational Health Program, complete this form and email to all the following:**

* **Katrina Beckman (MA):** [**kbeckman@ecmc.edu**](mailto:kbeckman@ecmc.edu)
* **Kerstin Robinson (PA): [krobinson2@ecmc.edu](mailto:krobinson2@ecmc.edu)**
* **Nathaniel Hughes (GLPS Manager):** [**n**](mailto:nathanielhughes10@gmail.com)**hughes@ecmc.edu**
* **Brandy Scott (Front Desk): bscott1@ecmc.edu**

**If preferred, you may mail a printed form to:**

Great Lakes Physician Services (GLPS), Erie County Medical Center

462 Grider Street

Buffalo, NY 14215

**ONLY IF REQUIRED will GLPS contact you to schedule an appointment for a health assessment and/or tests or vaccinations. Contact GLPS via phone at (716) 898-4153.**

**This form must be updated and submitted annually or triennially depending on your animal use risk category (see LAF SOP 3F3) or whenever your animal activities or health status significantly change. All information is kept confidential by Great Lakes Physician Services according to HIPAA guidelines. DO NOT TURN THIS FORM INTO LAF or IACUC!**

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| **1) Personal Information** | |
| Last Name: |  |
| First Name (Given name): |  |
| Department: |  |
| Campus mailing address: |  |
| Work phone number: |  |
| Home phone number: |  |
| Email address: |  |
| Male/Female/Non-binary: |  |
| Date of Birth: |  |

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| **2) Name of your Principal Investigator or Supervisor:** |  |
| **Contact information (email/phone):** |  |

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| **3) Indicate your role at the UB (check all that apply):** | | | |
| Principal Investigator |  | LAF Personnel |  |
| Researcher |  | Custodial Personnel |  |
| Technician |  | Facility Maintenance Personnel |  |
| Student |  | IACUC Member |  |
| Visiting Scientist |  | IACUC Staff |  |

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| **4) Are you a LAF Veterinarian or**  **LAF Veterinary Technician?** |  |
| **(LAF Veterinary Staff requires a blood test to check Rabies titer every 2 years.)** | |

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| **5) Check all species for which you may have a DIRECT ANIMAL HANDLING\* role:** | | | | | |
| Mice |  | Pigs |  | Frogs |  |
| Rats |  | Sheep |  | Fish |  |
| Hamsters |  | Dogs |  | Birds |  |
| Rabbits |  | Chinchillas |  | Ferrets |  |
| Other (specify) |  | | | | |

**\*Direct Animal Handling:** Any animal handling OR opening a cage or pen OR being in the animal holding room when someone else performs this.

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| **6) Of the species on this list, check any for which you may meet the definition of SUBSTANTIAL ANIMAL EXPOSURE\*\*:** | | | | | |
| Pregnant Sheep |  | Animals housed under ABSL-2 conditions |  | Animals housed under ABSL-3 conditions |  |
| ABSL-2 Species: |  | ABSL-3 Species: |  |
| Wild caught animals: |  | Non-human primates outside UB: |  | | |
| Wild Species: |  | NHP Species: |  | | |

**\*\*Substantial Animal Exposure:** This includes just entering the room/habitat for any animals on this list (roles may be limited to as little as room/habitat entry or may include as much as handling/conducting procedures on the animal.

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| **7) Indicate your approximate number of hours of combined direct animal handling and substantial animal exposure (as defined above) per week:** | | | | | |
| Less than 1 hour/week |  | 1-8 hours/week |  | Over 8 hours/week |  |

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| **8) Have you contracted an illness or had a serious injury from an animal or in animal-related work?** | |
|  | If yes, explain: |

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| **9) Check off all hazards you will work with, and list (or check) specific agents.** | | |
| **Hazard Category** | **Check if you have possible exposure to hazard:** | **Name specific hazardous agent:** |
| Recombinant DNA |  |  |
| Infectious Agents |  |  |
| \*Biosafety Level 2 agents  (infected ABSL-2 animals) |  | ⃝ *Toxoplasma gondii*  ⃝ *Strep pneumoniae*  ⃝ Influenza A  ⃝ |
| \*Biosafety Level 3 agents (infected ABSL-3 animals) |  | ⃝*Mycobacterium tuberculosis*  ⃝SARS-CoV-2 |
| Human Cells/Tissues |  |  |
| Directly handle animals inoculated with Human Cells/Tissues (bite/needlestick potential). |  |  |
| Radioisotopes |  |  |
| Toxins |  |  |
| Carcinogens |  |  |

**Note:** If you are working with infectious/hazardous agents you must be evaluated by the Occupational Health Physician prior to gaining access to the LAF.

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| **10) Tetanus Vaccination: Required for LAF Animal Care/Veterinary Employees:** | |
| Provide the date of your most recent tetanus-diphtheria (Td) or tetanus-diphtheria-pertussis (Tdap) booster: |  |

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| **11) Rabies Vaccination: Required for LAF Veterinarians or Veterinary Technicians:** | | |
| **Have you completed a rabies vaccination (3 doses) series?** |  | If yes, give dates: |
| **Have you ever had a rabies booster after the initial series?** | No | If yes, give date(s): |
| **Vaccinated employees, when was the last time you had your rabies titer evaluated? This is required every 2 years.** |  | |

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| **12) COVID Vaccination: Required if working with SARS-CoV-2 infected mice.** | |
| **Have you been vaccinated for SARS-CoV-2 (COVID)?** |  |
| **List COVID Vaccination History Below:** | |
| **Date(s):** | **Vaccine Received (initial, booster, brand)** |
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| **13) Hepatitis B Vaccination: Recommended if working with human cell, human tissues or animals injected/implanted with human cells/tissues.** | |
| **Have you been vaccinated for Hepatitis B?** |  |
| **Provide dates of your most recent Hepatitis B Vaccination Series** |  |

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| **14) QuantiFERON® Blood Testing for Tuberculosis: Required for those either working directly with non-human primates OR working with TB infected mice in ABSL-3.** | |
| **Indicate date of last Quantiferon Test (blood test for TB):** |  |
| **QuantiFERON® Test Result:** |  |
| **Have you ever had a tuberculosis infection?** |  |
| **Have you ever been vaccinated for tuberculosis (BCG)?** |  |
| **Have you ever had a positive reaction to a tuberculin skin test?** |  |

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| **15) ALLERGIES** | **Yes or No?** | **If yes, please explain:** |
| **Do you have allergies to animals?** |  |  |
| **Do you have seasonal allergies?** |  |  |
| **Do you have allergies to medications?** |  |  |
| **Do you need to carry an inhaler for asthma?** |  |  |

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| **16) IDENTIFICATION OF HIGHER MEDICAL RISKS:** | |
| **16a.) Have you had a splenectomy (removal of spleen)?** | |
|  | If yes, explain: |
| **16b.) Are you taking immunosuppressive medications (example: Prednisone)?** | |
|  | If yes, explain: |
| **16c.) Are you immunocompromised?** | |
|  | If yes, explain: |
| **16d.) Do you have a condition that predisposes you to infection or disease?** | |
|  | If yes, explain: |
| **16f.) Do you have any other health issues you consider significant?** | |
|  | If yes, explain: |
| **16g.) Are you pregnant or expecting to become pregnant soon?** | |
|  | If yes, consider higher risks associated with working with sheep and/or Toxoplasma infected mice. |

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| **17) SHEEP RISK ASSESSMENT (Skip this section if you have no potential to work with sheep at UB.)** | |
| **Do you have heart valve disease, congenital heart defects or heart valve replacements?** | |
|  | If yes, explain: |
| **Do you have pre-existing hepatitis?** | |
|  | If yes, explain: |
| **Are you pregnant?** | |
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**Quick Reference Chart: Please fill in to help Great Lakes know what you need.**

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| Do you **need a** **blood test for Q-Fever** antibody this year (only needed once unless exposed)? |  |
| Do you **need the Hepatitis B VACCINE** from Great Lakes? It is recommended that you complete this series if you will directly handle (bite risk) mice infected with human cells (all LAF animal care/vet staff). If you opt out, you will need to sign the declination form. |  |
| Do you need a **respiratory fit test** to determine which size N95 fits? This is **needed every year** for all LAF Staff and any staff that are required to wear an N95 for any reason. |  |
| Do you need the **TB blood test** (only selected staff going into ABSL-3)? |  |
| If you are a **veterinarian or veterinary technician**, do you need a **Rabies titer** blood test? Needed every 2 years. |  |

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| **Signature:** | **Printed Name:** |
| **DATE:** |  |