

# University at Buffalo-Occupational Health Program for Faculty, Staff and Students Working with Research Animals

## Health History Form

To enroll in UB's Occupational Health Program:

1-Complete this form

2-Email it to Great Lakes Physician Services (GLPS): [GLPS@ECMC.edu](mailto:GLPS@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

GLPS will confirm receipt of this form and notify you of your assigned risk category. IF YOU REQUIRE a physical exam, respiratory fit testing, blood testing or any vaccines, you'll be notified and asked to schedule an appointment. Contact GLPS via phone at **(716) 898-4153** with any questions.

This form must be updated and submitted annually or triennially depending on your animal use risk category (see LAF SOP 3.F.3) 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!** Failure to meet all occupational health requirements may result in IACUC protocol approval delays.

1) Personal Information	
Full Name (first-middle-last):	
Phone Number (personal cell):	
Email Address:	
Male/Female/Non-binary:	
Date of Birth:	

2) Principal Investigator or Supervisor information	
PI or Supervisor's Name (specify which)	
PI/Supervisor Contact Information (email/phone)	

3) Time Sensitivity Information (if applicable)	
Is processing of this form urgent for any reason?	<input type="checkbox"/> YES! <input type="checkbox"/> No
Please explain the urgency and provide as many helpful details as possible. If this relates to a currently expired/lapsed IACUC protocol, please state this and provide the PI and IACUC Protocol number in the space to the right.	

4) Indicate your role at the UB (check all that apply):			
Principal Investigator	<input type="checkbox"/>	LAF Personnel	<input type="checkbox"/>
Researcher	<input type="checkbox"/>	Custodial Personnel	<input type="checkbox"/>
Technician	<input type="checkbox"/>	Facility Maintenance Personnel	<input type="checkbox"/>
Student	<input type="checkbox"/>	IACUC Member	<input type="checkbox"/>
Visiting Scientist	<input type="checkbox"/>	IACUC Staff	<input type="checkbox"/>

5) Are you a LAF Veterinarian or LAF Veterinary Technician?	
(LAF Veterinary Staff requires a blood test to check Rabies titer every 2 years)	
LAF Veterinarian	<input type="checkbox"/>
LAF Veterinary Technician	<input type="checkbox"/>

6) Check all species for which you may have a DIRECT ANIMAL HANDLING* role:					
Mice	<input type="checkbox"/>	Pigs	<input type="checkbox"/>	Frogs	<input type="checkbox"/>
Rats	<input type="checkbox"/>	Sheep	<input type="checkbox"/>	Fish	<input type="checkbox"/>
Hamsters	<input type="checkbox"/>	Dogs	<input type="checkbox"/>	Birds	<input type="checkbox"/>
Rabbits	<input type="checkbox"/>	Chinchillas	<input type="checkbox"/>	Ferrets	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

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

7) Of the species on this list, check any for which you may meet the definition of SUBSTANTIAL ANIMAL EXPOSURE**:					
Pregnant Sheep	<input type="checkbox"/>	Animals housed under ABSL-2 conditions	<input type="checkbox"/>	Animals housed under ABSL-3 conditions	<input type="checkbox"/>
		ABSL-2 Species	<input type="checkbox"/>	ABSL-3 Species	<input type="checkbox"/>
Wild-caught Animals:	<input type="checkbox"/>	Non-human Primates outside UB	<input type="checkbox"/>	Mice infected with <i>Toxoplasma gondii</i>	<input type="checkbox"/>
Wild Species:	<input type="checkbox"/>	NHP Species:	<input type="checkbox"/>	Mice infected with TB	<input type="checkbox"/>

\*\***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).

8) 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	<input type="checkbox"/>	1-8 hours/week	<input type="checkbox"/>	Over 8 hours/week	<input type="checkbox"/>

9) Have you contracted an illness or had a serious injury from an animal or in animal-related work?		
Yes	<input type="checkbox"/>	If yes, explain and give dates and details:
No	<input type="checkbox"/>	

10) Check off all hazards you will work with, and name (or check) specific agents.		
Hazard Category	Check if you have possible exposure to hazard:	Check or name specific hazardous agent:
Recombinant DNA	<input type="checkbox"/>	<input type="checkbox"/> AAV (Adeno-Associated Virus) <input type="checkbox"/> Lentiviral Vector
Infectious Agents*		
*Biosafety Level 2 agents and/or infected ABSL-2 animals	<input type="checkbox"/>	<input type="checkbox"/> <i>Toxoplasma gondii</i> <input type="checkbox"/> <i>Streptococcus pneumoniae</i> <input type="checkbox"/> Influenza A <input type="checkbox"/> <i>E. coli</i> <input type="checkbox"/> <i>Pseudomonas aeruginosa</i> <input type="checkbox"/> Replication-Deficient Rabies Virus <input type="checkbox"/> MRSA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
*Biosafety Level 3 agents and/or infected ABSL-3 animals	<input type="checkbox"/>	<input type="checkbox"/> <i>Mycobacterium tuberculosis</i> <input type="checkbox"/> SARS-CoV-2 <input type="checkbox"/> Low Path Avian Influenza (LPAI)
*Any other infectious agent ( <i>Write in agent next to check square</i> )	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Human Cells/Tissues		
Human Cells/Tissues: Handle or directly handle animals inoculated with human cells.	<input type="checkbox"/>	
Other Hazardous Agents:		
Radioisotopes	<input type="checkbox"/>	
Toxins	<input type="checkbox"/>	<input type="checkbox"/> Diphtheria Toxin <input type="checkbox"/> Pertussis Toxin <input type="checkbox"/>
Carcinogens	<input type="checkbox"/>	<input type="checkbox"/> 5-Fluorouracil (5-FU) <input type="checkbox"/> 4-Nitroquinolone 1-Oxide (4-NQO)
Hazardous Chemicals	<input type="checkbox"/>	<input type="checkbox"/> Tamoxifen <input type="checkbox"/> Streptozotocin <input type="checkbox"/> Other Cytotoxic Drugs**: _____ <input type="checkbox"/> <input type="checkbox"/>

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

\*\*Cytotoxic drugs: ABBA, Axitinib, Bleomycin, BrdU/Edu, Cabazitaxel, Camptothecin, Carboplatin, Cisplatin, Combrestatin A-4, Cyclophosphamide, Deruxtecan, Doxorubicin, Entinostat, Irinotecan, MMF, Paclitaxel, Panobinostat, Sunitinib Vincristine, Vorinostat **(This list may be incomplete; always review the SDS for all drugs/chemicals you use.)**

11) Tetanus Vaccination: Required for LAF Animal Care/Veterinary Employees. <b>Tdap ALSO REQUIRED for anyone working with Diphtheria or Pertussis Toxin!</b>	
If injecting this toxin into mice, please provide proof of vaccination from your medical provider.	<input type="checkbox"/> N/A <input type="checkbox"/> Attached
Provide the date of your most recent tetanus-diphtheria (Td) or tetanus-diphtheria-pertussis (Tdap) booster:	<input type="checkbox"/> N/A <input type="checkbox"/> Attached

12) Rabies Vaccination: Required for LAF Veterinarians or Veterinary Technicians. Proof of Rabies Vaccination is ALSO required for Research Staff that will be using Replication-Deficient Rabies Viral Vectors. <b>LAF does NOT cover the cost of Rabies Vaccination for Research Staff.</b>		
Have you completed a Rabies Vaccination (3 doses) series?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give dates:
Have you ever had a Rabies booster after the initial series?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give dates:
Vaccinated employees, when was the last time you had your Rabies Titer evaluated? This is required every 2 years.		

13) COVID Vaccination: Required if working with <b>SARS-CoV-2 infected mice.</b>	
Have you been vaccinated for SARS-CoV-2 (COVID)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List COVID Vaccination History Below:	
Dates:	Vaccine Received (Initial, booster, brand)

14) Hepatitis B Vaccination: Recommended if working with <b>human cell, human tissues, or animals injected/implanted with human cells/tissues.</b>	
Have you been vaccinated for Hepatitis B?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide dates of you most recent Hepatitis B Vaccination Series	

15) Seasonal Influenza Vaccination: Recommended if working with <u>Ferrets</u> (in general) OR <b>Influenza A, Low Path Avian Influenza and/or animals infected with ANY influenza virus.</b>	
Have you been vaccinated for Influenza?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide dates of your most recent Seasonal Influenza Vaccine.	

16) QuantiFERON® Blood Testing for Tuberculosis: Required for those either working directly with <b>non-human primates***</b> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been vaccinated for tuberculosis (BCG)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a positive reaction to a tuberculin skin test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*\*\*LAF does NOT cover the cost of QuantiFERON® Tests for Research Staff working with NHPs at locations external to UB.

17) Blood Testing for <i>Toxoplasma gondii</i> : Required for those working directly with <i>T. gondii</i> infected mice in ABSL-2 (or any LAF animal care of veterinary staff member).		
Indicate date of last <i>T. gondii</i> Titer (blood test for antibodies):		
Previous Test Result (example > 1:16):		
Are you currently pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have plans to become pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently immunocompromised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

18) ALLERGIES		
Do you have allergies to animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Do you have seasonal allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Do you have allergies to medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Do you need to carry an inhaler for asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:

19) <b>SHEEP</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Do you have pre-existing hepatitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:

20) IDENTIFICATION OF HIGHER MEDICAL RISKS:		
Have you had a splenectomy (removal of spleen)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Are you taking immunosuppressive medications (example: Prednisone)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Are you immunocompromised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Do you have a condition that predisposes you to infection or disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Do you have any other health issues you consider significant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Are you pregnant or expecting to become pregnant soon?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, consider higher risks associated with working with sheep and/or Toxoplasma infected mice.

**Quick Reference Chart:** Please fill in to help Great Lakes know what you need.

	Respiratory Fit Test
Do you need a <b>respiratory fit test</b> to determine which size N95 fits? This is <b>needed every year</b> for all LAF Staff and any staff are required to wear an N95 for any reason.	<input type="checkbox"/> Yes * <input type="checkbox"/> No *If yes, you'll need to complete Great Lakes' Respiratory Questionnaire.
	Titers (Blood Tests)
Do you <b>need a blood test for Q-Fever</b> antibody this year (only needed once, prior to sheep work, unless exposed)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need a blood test for <b><i>Toxoplasma gondii</i> titer</b> (antibody level)? For most, you'll only need this once.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need the <b>TB blood test</b> (only selected staff going into ABSL-3 or with NHP contact outside UB)? This is needed every year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are a <b>Veterinarian or Veterinary Technician or Researcher using Rabies viral vectors</b> , do you need a <b>Rabies titer</b> (blood test)? Needed every 2 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vaccinations
Do you <b>need the Hepatitis B VACCINE</b> from Great Lakes? (check one)	<input type="checkbox"/> <b>Yes</b> , I request starting this vaccine series. <input type="checkbox"/> <b>No</b> , I've already had the Hepatitis B series. <input type="checkbox"/> No, I haven't had this series, but I wish to <b>decline</b> . (You'll need to sign Declension Form.)
If you are <b>Research Staff that will be using Replication-Deficient Rabies Viral Vectors</b> , do you have proof of completion for the Rabies vaccination series?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you work with <b>Diphtheria or Pertussis Toxin</b> , are you up-to-date on your Tdap (or Td) vaccination? Did you bring proof of this with you (required)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you work with <b>FERRETS OR ANY Influenza Virus</b> (or influenza virus infected animals), have you received your annual, seasonal influenza vaccination? Did you bring proof of this with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you work with <b>SARS-CoV-2</b> (or SARS-CoV-2 infected mice), have you received your annual "Covid" vaccination? Did you bring proof of this with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Signature:</b>	<b>Printed Name:</b>
<b>Date:</b>	