

CONFIDENTIAL

LABORATORY ANIMAL OCCUPATIONAL HEALTH PROGRAM ENROLLMENT QUESTIONNAIRE

**INTRODUCTION:** Individuals working with animals at Chapman University, in particular in research and laboratory applications, are required to enroll in the Laboratory Animal Occupational Health Program (LAOHP). Such individuals are described as and include animal care providers, students, investigators (PI), research assistants, volunteers, collaborators, and others who come into contact with animals. Note: The term “occupational” is not strictly job-related as it could apply to the “work” of being a student.

The LAOHP is administered jointly between the Institutional Animal Care and Use Committee (IACUC) in the Office of Research and the Department of Environmental Health and Safety (EH&S) in the Office of Risk Management. Contact either with any questions about animal safety and this form.

Enrollment in the LAOHP begins with your completion of the Risk Assessment Screening Questionnaire (RASQ). That form is initially reviewed by the IACUC and/or EH&S. If your RASQ responses indicate a need to be seen by a health care professional, then you must also complete this LAOHP and other medical questionnaires. The latter begins a confidential process. Your responses will help guide your training, medical screening, and annual surveillance needs. It will become part of your occupational medical record, which is handled according to HIPAA regulations. Personal health information (PHI) is strictly private and is maintained separate and apart from Human Resources or department personnel records.

**GENERAL INSTRUCTIONS:**

1. Print all pages and fill out the Chapman University LAOHP medical questionnaire. It is recommended to complete it by hand because of non-secure electronic systems. Your PI/supervisor must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you.
2. Maintain confidentiality thru the process. Keep the completed LAOHP medical questionnaire in a secure and private place.
3. To ensure correct information, please consult with your PI/supervisor for questions under Part B. He/She should not look at or review your responses pertaining to your medical information on other parts of this form.
4. Obtain an authorization form from EH&S to make an appointment with and then visit the UCI Center for Occupational and Environmental Health (COEH). EH&S will provide the UCI Health History Baseline Questionnaire and signed Authorization Form that you will complete and take to your scheduled appointment.
5. You may request to be seen by your personal physician instead. Terms used herein like “occupational health physician” and “health care professional” include UCI COEH physicians and staff as well as your personal physician.
6. Bring all paperwork to the health care professional.
7. The UCI COEH services consist of a medical evaluation to assess your health conditions and/or concerns. The occupational health care professional will provide a determination regarding whether there are any limitations or medical restrictions related to your position and /or animal-related tasks. Generally, the evaluation includes:
8. A health history and task review by a licensed physician. Additional paperwork may be necessary at UCI COEH.
9. A physical examination, such as aspects of the head, eyes, ears, nose, and throat, neck, cardiovascular, pulmonary, abdomen, cervical and axillary lymph nodes, neurological, musculoskeletal and skin.
10. Supplemental testing, such as suspected allergies or sensitization to select animals, spirometry, chest X-ray, or blood work (e.g., complete blood count, test for immuno-globulins related to rodent urinary proteins).
11. Leave the LAOHP medical questionnaire with the UCI COEH services personnel. Receive the completed Part E section to bring back with you. No personal (private) health information (PHI) should be included with any materials returned to Chapman University.
12. After the medical visit, consult with your supervisor, the IACUC, and/or EH&S about Part E. You may be contacted to discuss additional recommendations and/or be notified of the need for required screenings based on your work environment, animal use protocol, or species-specific risk factors.
13. Keep in mind that Chapman University wants you to be safe while working with animals! Should your work with animals or your health status change, be sure to contact the IACUC and/or EH&S.

**PART A: PARTICIPANT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Last, First, MI) | | | Employee/Student ID# |
| Job Title | | | EH&S authorization number |
| Please Check One  Vivarium Staff  Faculty / Research Associate  Grad Student / Postdoctoral Associate  Administrator  Security  Maintenance  Custodial Staff (e.g., Aramark) | | | |
| Department | Phone | | E- mail |
| PI/Supervisor’s Name | PI/Supervisor’s Phone | | PI/Supervisor’s E-mail |
| Emergency Contact Information  Name:  Phone:  Relation: | | Primary Physician (optional)  Name:  Phone: | |

**PART B: EXPOSURE TO ANIMALS**

1. Statement of your work and use with animals in laboratory and other situations: *Check all that apply.*

I will have direct contact with animals used in research or teaching in this position.

I have worked directly with laboratory animals in other positions.

I will work or be present in the same areas as animals but without direct animal handling or contact.

I will be working with unfixed animal tissues, cells, or body fluids in research or teaching.

I will be providing care for animals used in research or teaching.

I will be working with human specimens (cells, tissues, etc.) in conjunction with animals.

I will be conducting an ongoing field study with

species:

in location:

1. Please indicate all animal species/animal tissues used/handled and the frequency of contact: *The question may be answered in the context of what you anticipate will be done.*

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| --- | --- | --- | --- | --- |
| **Animal Species or Tissue Used or Handled**  *(Check all that apply)* | Daily | Weekly | Monthly | Infrequently |
| Mouse or rat |  |  |  |  |
| Rodents such as gerbil or hamster |  |  |  |  |
| Fish |  |  |  |  |
| Amphibians |  |  |  |  |
| Birds |  |  |  |  |
| Field study, wild caught (list above): |  |  |  |  |
| Other (list): |  |  |  |  |
| Other (list): |  |  |  |  |

1. Will you be working with any of the following in conjunction with animal studies as part of an approved protocol?

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| --- | --- | --- | --- |
| **Potential Hazards** | Yes | No | If yes, specify: |
| Infectious agents |  |  |  |
| r-DNA technologies |  |  |  |
| Chemical carcinogens |  |  |  |
| Formaldehyde |  |  |  |
| Chemotherapeutic agents |  |  |  |
| Nanomaterials |  |  |  |
| Radiation |  |  |  |
| Known reproductive hazards |  |  |  |
| Ultraviolet lights |  |  |  |
| Lasers |  |  |  |
| Other (list): |  |  |  |
| Other (list): |  |  |  |

1. Will you be using **volatile or inhalant anesthetics**? If yes, list the name(s) of the agent(s) and give an estimate of the number of contact hours each week.

N/A  Possibly  Yes; Agent and Hours/Week:

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1. Describe in reasonable detail your specific tasks with the animals, as it might appear in a job description. For example, *change mouse cages, collect samples, or observe behaviors.*

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**PART C: MEDICAL INFORMATION REALTED TO POTENTIAL EXPOSURES TO ANIMALS**

1. I understand that the UCI health history baseline questionnaire must accompany this medical information for a complete occupational health and exposure evaluation.

Yes  No

1. **Immunization History.**  *If you have not had or it has been over 10 years since your last tetanus vaccination, it is recommended that you consult with a medical professional to make a medically appropriate decision regarding a vaccination or booster.*
2. **Allergies and Asthma.** *Describe what you know about or suspect for any of the following.*
   1. Are you exposed to other animals, e.g., at home, friend’s house, volunteer work?

Yes  No  Don’t know/not sure

If yes, explain below what kinds of animals, where, and the amount of exposure.

* 1. Are you allergic to any (lab or companion) animals, animal dander, animal urine, etc.?

Yes  No  Don’t know/not sure

If yes, explain below your allergy and symptoms (watery eyes, rash/hives, anaphylaxis, sneezing, etc.).

* 1. Do you have any skin problems related to work (e.g., reactions to latex gloves; dry cracked skin; rashes)?  Yes  No  Don’t know/not sure
  2. Do you have asthma?  Yes  No  Don’t know/not sure

If yes, do you know if your asthma is affected by animals?

* 1. Do you experience shortness of breath at work?  Yes  No  Don’t know/not sure

Explain any “Yes” answers from above here:

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1. Do you have any health or workplace concerns not covered by the questionnaire that you feel may affect your occupational health which you would like to confidentially discuss with the occupational health physician or your primary care physician? You have the right to be made aware of the health risks associated with your job and responsibilities while working with animals.

No  Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PART D: AUTHORIZATION FOR DISCLOSURE OF INFORMATION**

*This document will be kept confidential and will only be available to a health care professional from UCI’s Center for Occupational & Environmental Health services (UCI COEH services) working under contract to Chapman University.*

I hereby authorize the disclosure of the information reported in this Laboratory Animal Occupational Health Program (LAOHP) Questionnaire to UCI COEH services. A physician may contact me to set up an interview or appointment if deemed necessary based on their evaluation. I further authorize UCI COEH services to provide information (Part E of this questionnaire) related to my eligibility for participation in the animal care and occupational health program to the IACUC, EH&S, and the Office of Research at Chapman University.

I understand that I may revoke this authorization in writing at any time, except to the extent that such action has already taken place. I understand that the information used or disclosed pursuant to this authorization will be used for no purposes other than as may be necessary to process medical clearance requested or required herein. Chapman University, UCI COEH services, its employees, officers, and healthcare providers are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

If at any time the status of my personal health changes it is my responsibility to notify my supervisor and complete another RASQ and possibly the LAOHP medical questionnaire following the same procedures as the original enrollment. I am aware that I must renew my RASQ at least once per year while working with animals.

**By submitting the Chapman University LAOHP medical questionnaire and related information, I certify that the information I have provided is accurate to the best of my knowledge.**

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Signature Date

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Printed Name Chapman ID

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| --- | --- |
| Participant/Student/  Employee Name: | EH&S Authorization  Number: |
| Job Title: | Employer,  if not Chapman: |
| Employee/  Student ID#: |  |
| Department/  College: | Date of Exam: |
| PI/Supervisor’s  Name & Phone: | Physician: |

The above-referenced participant in the Chapman LAOHP was seen at COEH for the following assessment:

* Chapman University LAOHP Exam ❑ Respirator Evaluation (clearance statement attached)
* Return to Work Assessment❑ Fitness for Duty
* Hazardous Materials (HAZMAT) Exam ❑ Exit Exam
* Other (describe):

Included in the assessment were the following components:

❑ History ❑ Immunization Review 🞏 Physical Exam ❑ Lab Test

❑ Exercise Treadmill ❑ Exposure History Record ❑ TB Evaluation ❑ Drug Test

❑ Spirometry ❑ Visual ❑ Auditory ❑ ECG ❑ Chest X-Ray

❑ Other (describe):

Recommendations (*bring this section - Part E – back to Chapman*):

* Completed the medical evaluation. The participant may perform the regular duties of the position as described. No further physical examination, prophylactic, or diagnostic procedures are needed to begin working with laboratory animals.
* After completing a personal interview, physical examination, prophylactic treatment, and/or diagnostic procedure(s), we find that no further review or recommendations are needed to begin working with laboratory animals.
* More information and/or testing is needed to determine participant’s ability to perform the above-referenced job with laboratory animals. Recommendations are made in the comments section below.
* The participant has restrictions. We are making the following recommendation before the participant is allowed to work with laboratory animals:

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* Comments:

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Physician’s signature Date

OH Form 302, modified for Chapman University, version 8/17/2018