



# Lab Animal Occupational Health Questionnaire (LAOHQ)

‡ for all individuals with animal exposure ‡  
Institutional Animal Care and Use Committee (IACUC)  
Environmental Health and Safety (EH&S)

1-2020

Individuals who in conjunction with their work or research have contact with or may be in close proximity to animals are required to register/enroll in the Chapman University Laboratory Animal Occupational Health Program (LAOHP). This program applies to individuals who conduct lab and field research, participate in classroom instruction involving animals, or who work in animal facilities. Risks include but are not limited to blood-borne pathogens, lab and chemical hazards, ergonomic issues, scratches, zoonotic disease, allergies, and more. This form is the initial step to bring awareness about and offer relevant protective measures during animal exposures. Please provide the following information as applicable.

Printed Name: \_\_\_\_\_ Chapman ID, as applicable: \_\_\_\_\_  
 PI/Instructor/Supervisor: \_\_\_\_\_ Protocol Number, if any: \_\_\_\_\_  
 Have you discussed the risks with your PI?  Yes  No  not applicable

| Type of Animal User:<br>(check all that apply)          | Animal Environment:<br>(check all that apply)      | Animal Handling as it is Anticipated:<br>(check one)             | Known Hazards Associated Directly with the Animals:<br>(check all that apply)                    |
|---------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> IACUC member                   | <input type="checkbox"/> Casual User               | <input type="checkbox"/> Extensive<br>(daily or 30+ hours/ week) | <input type="checkbox"/> Unsure                                                                  |
| <input type="checkbox"/> Faculty member                 | <input type="checkbox"/> Classroom                 | <input type="checkbox"/> Quite a bit<br>(~3X/week or 15+ hours)  | <input type="checkbox"/> Chemical (e.g., MS222, carcinogens, gas anesthetics)                    |
| <input type="checkbox"/> PI, Principal Investigator     | <input type="checkbox"/> Lab (where?)*             | <input type="checkbox"/> Minimal<br>(<10 hours/month)            | <input type="checkbox"/> Biological (e.g., bacteria, viruses, fungus/yeast/mold, prion, protist) |
| <input type="checkbox"/> Research assistant or post doc | <input type="checkbox"/> Animal facility (where?)* | <input type="checkbox"/> Observer<br>(no direct contact)         | <input type="checkbox"/> Physical (e.g., needles, bites, large animals, cords)                   |
| <input type="checkbox"/> Staff                          | <input type="checkbox"/> Off campus*               | <input type="checkbox"/> Other, describe: _____                  | <input type="checkbox"/> Radiation and/or laser                                                  |
| <input type="checkbox"/> Student                        | <input type="checkbox"/> Other, describe: _____    |                                                                  | <input type="checkbox"/> Other, describe: _____                                                  |
| <input type="checkbox"/> TA, Teaching assistant         | * Where?: _____                                    |                                                                  |                                                                                                  |
| <input type="checkbox"/> Volunteer                      |                                                    |                                                                  |                                                                                                  |
| <input type="checkbox"/> Other:                         |                                                    |                                                                  |                                                                                                  |

### Animal contact could increase your risk of illness and/or increase the severity of an existing illness, particularly with the following medical conditions:

- known or suspected allergies to animals
- lung problems
- chronic health problems, like diabetes
- renal or liver disease
- valvular heart disease
- diagnosed with sickle cell disease
- pregnant or planning to get pregnant
- immune system deficiencies or other limitations to your ability to fight off disease
- current therapy with high dose steroids, radiation therapy or cancer therapies
- history of problems with your spleen or absence of your spleen

If you have any of the medical conditions listed above, or if you wish to consult with a medical professional regarding potential health risks, you must complete the LAOHQ form and the University of California, Irvine, Health History Questionnaire. (Note: These blank forms and additional information regarding the medical consult will be provided to you following review of your LAOHQ form. Keep in mind that your health information is confidential and should not be revealed to anyone except a physician or healthcare provider.)

- I do not want to see a medical professional.
- I would like to see a medical professional in connection with the above described work.
- I will comply with all safety requirements, but opt-out of the LAOHP, i.e. Medical surveillance.
- I would like to speak with EH&S to discuss risk mitigation in connection with this described work.

I have read and understand all of the terms and conditions described herein with regard to my work identified in this LAOHQ for Individuals with Animal Exposure and agree to comply with recommendations, policies and procedures of the University and any medical professionals who provide related consultation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

You will be enrolled in the LAOHP following submission of this completed form into LearnUpon. If you have not yet been enrolled, please contact [EHS@Chapman.edu](mailto:EHS@Chapman.edu) or IACUC administrator Bruce W. Kennedy at [brkennedy@chapman.edu](mailto:brkennedy@chapman.edu). This form will be reviewed by EH&S and IACUC. For additional information about safety around animals, log-in at this [EH&S link](#) and the [IACUC link](#).

Notes: Complete the LAOHQ annually, or when medical conditions noted above or your work with animals changes.