



**Part A: Participant Information**

<b>Name (Last, First, MI)</b>		<b>Employee ID#</b>	<b>Date of Birth</b>
<b>Home Address</b>		<b>City, State, Zip</b>	
<b>Home Phone</b>	<b>Work Phone</b>	<b>Email Address</b>	
<b>Job Title</b>		<b>Emergency Contact Information</b> <b>Name:</b> <b>Phone:</b> <b>Relation:</b>	
<b>Department</b>			
<b>Supervisor/Principal Investigator</b>	<b>Mail Code</b>		

**Part B: Occupational Risk Factors**

**1. Laboratory Animal Use (Check all that apply)**

- I am working directly with animals or animal tissues and samples.
- I do not have direct animal contact but will be working in areas where animals are housed.
- I will be working with zoonotic agents.
- I will be working with human specimens (cells, tissues, etc) in conjunction with animals.

**Animals or Animal Tissues Used or Handled**  
*(Check all that apply)*

	Frequency of Contact			
<i>(Check all that apply)</i>	<b>Daily</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Infrequently</b>
<input type="checkbox"/> Rodents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rabbits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Swine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Amphibians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reptiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Birds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wild rodents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bats, canines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sheep, goats, cattle, deer, other ruminates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2. Additional Risks Associated With Laboratory Animal Use.

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

	Yes	No	If yes, please specify
Infectious Agents	<input type="checkbox"/>	<input type="checkbox"/>	
r-DNA Technologies	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical Carcinogens	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation	<input type="checkbox"/>	<input type="checkbox"/>	
Anti-Neoplastic Agents	<input type="checkbox"/>	<input type="checkbox"/>	
Known Reproductive Hazards	<input type="checkbox"/>	<input type="checkbox"/>	
Ultraviolet Light	<input type="checkbox"/>	<input type="checkbox"/>	
Lasers	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

## 3. Will you be using inhalant anesthetics?

If yes, list the name(s) of the agent(s) and give an estimate of the number of contact hours each week.

Yes     No    Agent and Hours/week

## 4. Immunization History

	Vaccinated		Date, if known
	Yes	No	
Tetanus/diphtheria (Td)* (Tetanus booster required every 10 years)	<input type="checkbox"/>	<input type="checkbox"/>	
DTP	<input type="checkbox"/>	<input type="checkbox"/>	
Rabies (required if working with bats, canines)	<input type="checkbox"/>	<input type="checkbox"/>	
MMR* (measles, mumps, rubella)	<input type="checkbox"/>	<input type="checkbox"/>	
Smallpox	<input type="checkbox"/>	<input type="checkbox"/>	
BCG (not issued in the US, TB vaccination)	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

**\* Tetanus and MMR are required immunizations for all UNLV students. If you are a student at UNLV you have had these vaccinations. If it has been over 10 years since your last tetanus vaccination or if you do not know the date of your last vaccination you must get a vaccination or booster.**

**5. Allergies/Asthma**

Are you allergic to any animals, animal dander, animal urine, etc?  yes  no  
If yes, please list,

Are you allergic to latex?  yes  no

Do you have asthma?  yes  no  
If yes, is your asthma affected by working with animals.  Yes  no  
If yes, what precautions will you take while working with animals?

**6. Are you experiencing any of the following symptoms?**

	Yes	No
Fever	<input type="checkbox"/>	<input type="checkbox"/>
Flu like symptoms	<input type="checkbox"/>	<input type="checkbox"/>
Chronic cough	<input type="checkbox"/>	<input type="checkbox"/>
Swollen lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>

**7. Other Conditions**

Do you have any other health conditions (chronic illness, immunosuppression, pregnancy, etc) that you would like the occupational health professional who will review this questionnaire to know about?

no

### Part C: Authorization for Disclosure of Information

This document will be kept confidential and will only be available to a health care professional from the Center for Occupational Health and Wellness.

I hereby authorize the disclosure of the information reported on the Occupational Health Program for Animal Handlers Enrollment Questionnaire to Center for Occupational Health and Wellness. The Center for Occupational Health and Wellness may contact me to set up an interview or appointment if deemed necessary based on their evaluation. I further authorize Center for Occupational Health and Wellness to provide information (Part D of this questionnaire) related to my eligibility for participation in the Animal Care Program to the Office of Research Integrity at the University of Nevada, Las Vegas

I understand that I may revoke this authorization in writing at any time, except to the extent that action has already taken place. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient. The University, Center for Occupational Health and Wellness, 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 *Occupational Health Program for Animal Handlers Enrollment Questionnaire* following the same procedures as the original enrollment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

#### Important Instructions on how to submit this enrollment questionnaire!

1. Fill out the questionnaire online then print all 5 pages and sign and date page 4 (this page).
2. Place the completed questionnaire into a letter sized envelope (8.5" x11"). You can obtain an envelope from the Animal Care Facility at WHI 121.
3. Seal the envelope and write your Name, and "OHPEQ" on the top left corner of the envelope. Do not write anything else on the outside of the envelope.
4. Submit your envelope in a campus mail envelope to Lab Animal Care mail code 4004, or you can drop it off in person at WHI 121.

We will attach a mailing label and send your sealed envelope to Center for Occupational Health and Wellness. Center for Occupational Health and Wellness will evaluate the questionnaire, make follow up arrangements with you if necessary (provide accurate contact information in Part A), and then return only Part D of this packet to the UNLV Office of Research Integrity. Pages 1-4 of this packet will be maintained by Center for Occupational Health and Wellness. The Office of Research Integrity can provide you with a copy of Part D (completed by Center for Occupational Health and Wellness) if requested and the original will be kept on file.

**This page to be completed by Center for Occupational Health and Wellness only!**

**Part D: Occupational Health Program for Animal Handlers Enrollment Evaluation**

**If a follow up appointment in response to this questionnaire is necessary please contact the employee using the contact information given in Part A. Alternatively you can contact Kevin Bergeron at 895-5453 to arrange follow up appointments. After evaluating the employee’s questionnaire and follow up office visit if necessary, please complete this page and fax it to: Kevin Bergeron, (702) 895-5464 or mail to: UNLV, Office of Research Integrity, 4505 S. Maryland Parkway, Box 4022, Las Vegas, NV 89154.**

Center for Occupational Health and Wellness has evaluated the Occupational Health Program for Animal Handlers Questionnaire submitted by:

\_\_\_\_\_ on \_\_\_\_\_  
**UNLV Employee Name** **Date**

Evaluation Results:

**After reviewing the questionnaire, we find that no further physical examination, prophylactic, or diagnostic procedures are needed to begin working with laboratory animals.**

**After reviewing the questionnaire and completing a personal interview, physical examination, prophylactic treatment, or diagnostic procedure, we find that no further review or recommendations are needed to begin working with laboratory animals.**

**After reviewing the questionnaire (and a personal interview, physical examination, prophylactic treatment, or diagnostic procedure, if applicable), we are making the following recommendations/restrictions before this employee is allowed to work with laboratory animals: (Note, the UNLV employee should also be provided with this information by Center for Occupational Health and Wellness by using the contact information provided)**

Center for Occupational Health and Wellness

\_\_\_\_\_  
**Signature of Occupational Health Care Professional**