

**Medical Monitoring Program for Vertebrate Animal Users Enrollment and Risk Assessment Form**

**Instructions**

Complete, sign, and return this form to Environmental Health & Safety (EH&S). Submit the completed form to EH&S via FAX (850-644-8842), Campus Mail (Mail code 4481), or deliver it to 1200 Carothers Hall.

Please note that the *Medical Monitoring Program for Vertebrate Animal Users* manual is available at our website at [www.safety.fsu.edu](http://www.safety.fsu.edu). If you have questions, concerns, or require further clarification relating to the *Medical Monitoring Program for Vertebrate Animal Exposure (MMPVAE)*, feel free to contact us at (850) 644-8916 OR (850) 644-5374.

**Identification information**

First Name	Last Name	Phone number	e-mail address
Empl/Student ID (ex:0000012345)	FSU ID (ex: abc08d)	<input type="checkbox"/> Female <input type="checkbox"/> Male	Department
Principal Investigator (PI)/Supervisor	PI/Supervisor e-mail	PI Phone number	Building Laboratory/Room

**Animal contact information**

Check one work title that best describe your duties	Check all applicable procedures/work environment	Check all applicable species used and frequency of contact with animals or viable animal tissues, fluids or wastes					Typical contact time last about
		Type of animal contact	daily	More than 3x/ week	More than 3x/ month	Less than 12x/ year	
Principal Investigator <input type="checkbox"/>	Observation and recording of animals <input type="checkbox"/>	Mice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__Hr __min.
Post doc. researcher <input type="checkbox"/>	Perform animal surgeries <input type="checkbox"/>	Rats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__Hr __min.
Graduate researcher <input type="checkbox"/>	Handling & holding of animals <input type="checkbox"/>	Voles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__Hr __min.
LAR employee <input type="checkbox"/>	Handling unfixed tissues <input type="checkbox"/>	Hamsters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__Hr __min.
Laboratory technician <input type="checkbox"/>	Husbandry & care of animals <input type="checkbox"/>	Rabbits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__Hr __min.
Custodian/Janitor <input type="checkbox"/>	Housekeeping <input type="checkbox"/>	Amphibians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__Hr __min.
Maintenance worker <input type="checkbox"/>	Cage cleaning <input type="checkbox"/>	Reptiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__Hr __min.
DIS student <input type="checkbox"/>	Work in field <input type="checkbox"/>	Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__Hr __min.
Student volunteer <input type="checkbox"/>	Heavy lifting <input type="checkbox"/>	Bird	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__Hr __min.
Community volunteer <input type="checkbox"/>	Other: _____ <input type="checkbox"/>	Wild animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__Hr __min.
*Visiting researcher <input type="checkbox"/>	New/additional animal contact <input type="checkbox"/>	Other: _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__Hr __min.

Please name your institution: \_\_\_\_\_

**\* Note: If you are a visiting-researcher, you may be exempt from the FSU medical monitoring program if you provide proof of previous medical monitoring or enrollment in a similar program from your host institution.**

**Additional information**

	Yes	No
Have you enrolled in the Medical Monitoring Program before at FSU? If yes provide year and month of enrollment. _____	<input type="checkbox"/>	<input type="checkbox"/>
Will you have research animal contact more than 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
Date of anticipated or initial contact with research animals at FSU: _____		
Do you have any allergies to animals? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies to any chemical substance (i.e. formaldehyde, latex, etc.)? If yes list: _____	<input type="checkbox"/>	<input type="checkbox"/>

**Do you have any preexisting condition that the occupational health physician should be made aware of, or do you anticipate having a future condition (i.e. asthma, pregnancy, organ transplant, immuno-suppressed) which could affect your ability to perform your research duties without risk of illness or harm? If yes, be sure to discuss these conditions with the occupational health physician. All medical records are kept in the office of the occupational health physician. No medical records are provided to Florida State University.**

Will you be working with animals experimentally or naturally infected with an infectious agent known to cause disease in healthy adult humans, or an agent known to cause disease in animals, which is infectious to human cells or a zoonotic agent?	<input type="checkbox"/>	<input type="checkbox"/>
Will you be working with animals that will contain hazardous chemicals or radioactive materials?	<input type="checkbox"/>	<input type="checkbox"/>

Please list any additional information that you think that could be useful in the risk assessment: \_\_\_\_\_

If additional questions are needed, the best time and phone number that the healthcare service provider can contact me is: \_\_\_\_\_

**Authorization to disclose medical information**

To determine the suitability of working in the research environment described in this form, I consent to (a) allowing a representative of the Medical Monitoring Program to disclose this executed form to a licensed physician for medical review and (b) allowing the licensed physician to disclose the determination of the medical review with a representative of the Medical Monitoring Program. I acknowledge my right to revoke this authorization in writing by submitting the revocation to EH&S via FAX (850-644-8842), Campus Mail (Mail code 4481), or 1200 Carothers Hall; except, however, such revocation will not apply to the extent Florida State University (FSU), or its agents have taken action in reliance on this authorization. I acknowledge that FSU will not condition treatment, payment, or health plan enrollment or eligibility on this authorization. Finally, I acknowledge that once information is used or disclosed, such information may be subject to re-disclosure by the recipient and may no longer be protected under the Health Insurance Portability and Accountability Act.

**Vertebrate animal contact acknowledgement**

**You will be contacted by EH&S upon completion and return of this form.**

I acknowledge that I have read the medical monitoring information and reviewed the *Medical Monitoring Program for Vertebrate Animal Users* manual.

**Signature and certification**

I hereby acknowledge that the statements, representations, and authorizations contained in this form are accurate and complete to the best of my knowledge, and that this form and the results of any medical review of this form will be deemed part of my employment/education record.

Name (please print)	Signature	Date
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**Submission**

Submit the completed form to EH&S via FAX (850-644-8842), or in a sealed envelope through Campus Mail (Mail code 4481), or deliver it to 1200 Carothers Hall.

## INFORMATION ON THE MEDICAL MONITORING PROGRAM FOR VERTEBRATE ANIMAL USERS

### Background Information

Following the guidelines provided by the National Institutes of Health (NIH) and the National Research Council (NRC) publication *Occupational Health and Safety in the Care and Use of Research Animals*, individuals working with vertebrate animals should be evaluated with respect to the type and extent of their animal contact and are advised on the potential risks associated with handling research animals. Based on a risk assessment, additional services may be recommended.

As a way of initiating and documenting this assessment, **ALL employees working with animals must complete this risk assessment form**. For more information, consult the *Medical Monitoring Program for Vertebrate Animal Users* manual.

By completing and submitting this risk assessment form and submitting it to EH&S, you are enrolled in the *Monitoring Program for Vertebrate Animal Exposure*. Following the risk assessment, some individuals may need additional services, while others may not. Based on the risk assessment, if additional services are needed, they will be provided to you at no cost. If you choose not to follow-up with the services and seek your own advice from your own personal physician, you could do so as well at your own expense.

**As an animal researcher you are strongly encouraged to meet with the occupational health physician to evaluate your risk of illness related to animal research. It is important that you discuss your health status and any preexisting conditions that the occupational health physician should be made aware of, as well as possible future conditions that could affect your ability to perform your research duties without risk of illness or harm.**

**Any change in your health status should be reported in a timely manner by submitting an updated medical monitoring form to EH&S. Depending on the change of your health status, further evaluation by the occupational health physician may be warranted.**

**Note: Any time in the future that you continue to have vertebrate animal exposure at the University and choose to follow-up with these recommended services, you can do so.**

You will be contacted by EH&S regarding any recommendations for medical services.

### Benefits of Medical Monitoring

The *Medical Monitoring Program for Vertebrate Animal Exposure* is designed to help protect you from the risk of infection by animal-associated organisms or other agents associated with animal research and mitigate the risk of allergic reactions. Based on the risk assessment, presented below is information relating to some of the most common services that the medical monitoring program may provide. Any additional services will be offered based on the risk assessment and type of animal contact.

#### SUPPLEMENTAL HEALTH HISTORY FORM

If additional services are needed, a supplemental health history form will be provided. The Health History provides valuable information that determines the screening relating to your animal work. Depending on the risk assessment, a supplemental health history form may need to be completed.

#### TETANUS VACCINATION

Tetanus is caused by a toxin produced by bacteria that is frequently found on surfaces contaminated by dirt and/or the feces of some animals. The organism can gain entrance into the body through bite wounds; puncture wounds caused by sharp objects, or contamination of other deep wounds. Failure to be vaccinated against tetanus could result in severe illness or death. Depending on the risk assessment, a tetanus shot may be offered.

#### TUBERCULIN TESTING

Personnel who will have contact to non-human primates should receive a tuberculin skin test and/or a chest x-ray at annual intervals. Currently, there are no animals housed at the University that have a significant potential for having tuberculosis. The disease can be transmitted to and from non-human primates and man. The purpose of tuberculin testing is to detect the disease in humans. Undetected tuberculosis in humans can result in severe illness and can be transmitted to others through close personal contact. There are currently no studies at FSU involving non-human primates.

#### RABIES VACCINATION

The rabies vaccine may be given to individuals at a high risk of exposure to rabies to protect them, if exposed. Individuals at a high risk may include veterinarians, animal control personnel, rabies laboratory workers, cave scientists, and rabies biologics production workers. Depending upon the individual's risk assessment and the occupational health physician's recommendations, the rabies vaccine may be offered.

#### PHYSICAL EXAMINATION

The purpose of the physical exam is to detect evidence of disease that could adversely affect your ability or safety in carrying out the assignments of your job. A physical exam will help to ensure good health and avoid injury and disease. Depending on the risk assessment, a physical exam may be offered.

### Use of Personal Protective Equipment

It is up to you to take proper precautions in the handling of animals. In doing so, the use of personal protective equipment (PPE) is a must. PPE provides a physical barrier to potentially hazardous materials associated with animals.

Your department shall provide at no cost to you, appropriate PPE. This includes: gloves, face shields or masks, eye protection, scrubs, gowns, aprons, laboratory coats, or any other appropriate PPE. The department is also responsible for cleaning, laundering, disposal and replacement of PPE at no cost to you.

PPE should be used accordingly whenever you handle or transport animals, restrain an animal, clean cages, or whenever animal contact could occur. For more information on the proper use of PPE, consult the *Occupational Health and Safety in the Care and Use of Research Animals* guide and the *Guide for the Care and Use of Laboratory Animals*, published by the National Research Council. Both of these guides are available on line at: <http://www.nap.edu/books/0309052998/html> and [http://www.nap.edu/catalog.php?record\\_id=12910](http://www.nap.edu/catalog.php?record_id=12910).

Failure to use appropriate PPE may increase the chance of being exposed to potentially hazardous materials from animal contact, so the use of proper PPE is required.

In addition to the proper use of PPE, vertebrate animal users should also be aware of the risk associated with exposure to animal allergens. As a vertebrate animal user, you are highly encouraged to review the information relating to animal allergies in the ILAR Journal V42(1) 2001, *Laboratory Animal Allergy* located at <http://ilarjournal.oxfordjournals.org/content/42/1/12.full.pdf+html>. If you have questions or concerns relating to PPE use, animal allergen awareness, or the *Medical Monitoring Program for Vertebrate Animal Users*, feel free to contact Laboratory Animal Research (LAR) or our office for assistance.