

APPENDIX B: Please complete this appendix, along with Appendix C (Medical Surveillance Questionnaire).

To maintain confidentiality, bring this form in a sealed envelope or mail to the Office of Safety, Stop 9031. The Office of Safety will mail or give all forms to – Altru Occupational Health (Employer Health Solutions) for proper review.

University of North Dakota Office of Safety
Occupational Health Risk Assessment Questionnaire
(Initial Assessment Form)

Purpose: This appendix is provided to Principal Investigators (PI) or Supervisors for the purpose of identifying specific work exposures and potential health hazards in the work environment. This appendix is used in conjunction with the Medical Surveillance Questionnaire (Appendix C) for participants with Research Animal Contact to determine what health and safety services or recommendations are appropriate for the individual to work safely with research animals.

Instructions: The PI or Supervisor must complete Appendix B for each individual under their supervision with research animal contact. Both the PI and employee/student must sign the completed Appendix B. The completed Appendix B should be given to the participant to bring with the completed Appendix C to the Office of Safety. The Office of Safety will mail/give both forms together to Altru Occupational Health (Employer Health Solutions).

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SECTION A: EMPLOYEE OR STUDENT (PARTICIPANT) INFORMATION

Participant Name: _____ Job Title: _____

Email Address: _____ UND ID#: _____

Work Telephone: _____ Date of Orientation to Animal Research: _____

Home Institution: UND Other, specify: _____

NOTE for non-UND participants: Submit the completed Appendix B and attach your home institution medical clearance for research animal contact. Send to Altru Occupational Health (Employer Health Solutions). If a medical clearance appendix is attached, you do not need to complete Appendix C. If medical clearance documentation is not attached, you must complete the Appendix C (medical history).

Participant Status (check all that apply):

- | | |
|--------------------------------|------------------------------------------------------|
| UND Faculty | Visiting Scientist |
| UND Staff | Affiliate |
| UND Registered Volunteer | Non-Paid Undergraduate Student |
| UND-Paid Undergraduate Student | Other (specify if UND-paid assignment or not): _____ |
| UND-Paid Graduate Student | |

SECTION B: PRINCIPAL INVESTIGATOR/SUPERVISOR INFORMATION.

PI/Supervisor Name: _____ Job Title: _____

Email Address: _____ Telephone: _____ Dept: _____

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SECTION C: MUST BE COMPLETED BY PI/SUPERVISOR OF EMPLOYEE OR STUDENT

Yes No

Is animal husbandry an essential part of the participants duties?

Will the participant’s animal work involve potential contact with any of the following?:

- Human blood, tissues or cells administered to or present in animals?
Please list (specific type): _____
- Infectious agents in animals?
(Including but not limited to virus, bacteria, fungi, protozoa or parasites)
Please list (specific type): _____
- Other biological material in animals?
Please list: _____
- Non-fixed lung or lymph node tissue from non-human primates?
- Pregnant mammals (rodents excluded)?
- Wildlife?
- Will you be involved in any field work?
Briefly describe to include location: _____

- Is there a known zoonotic disease(s) associated with these animal(s)?
(i.e. Hanta Virus, Rabies, Avian Influenza, etc.) Please list: _____
- Venomous animals?
- Radiation/Radioisotopes?
Please list: _____
- Toxins?
Please list: _____
- Chemicals, including anesthetic gasses, in animals? (i.e. Carcinogens, Mutagens, Toxins, etc.) Please list: _____

Species Contact: Identify all levels of exposure for each species or tissue for the participant named above and check the appropriate column[s]. Check “0” if no direct or indirect contact. **Check Non-Human primate (NHP), if handling NHP tissue or if participant works in an area where NHP or NHP tissues are housed or handled.**

Level 0 - No animal contact.

Level 1 - No direct contact, but enters area where research animals are used.

Level 2 - Does not conduct procedures on live animals but handles “unfixed” animal tissues and fluids.

Level 3 - Handles, restrains, collection of specimens or administers substances to live animals.

Level 4 - Performs invasive procedures such as surgery, necropsy.

LEVEL OF EXPOSURE						LEVEL OF EXPOSURE					
SPECIES	0	1	2	3	4	SPECIES	0	1	2	3	4
Amphibian						Cat					
Birds						Dog					

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SPECIES	LEVEL OF EXPOSURE					SPECIES	LEVEL OF EXPOSURE				
	0	1	2	3	4		0	1	2	3	4
Ferret						Poultry					
Fish						Rabbit					
Goat						Rat					
Guinea Pig						Reptile					
Hamster						Sheep					
Mice						Wild Rodents					
Non-Human Primate						Wildlife					

List animal(s) species approved in the protocol(s):

**If “0” selected for all applicable animals, Appendix C does not need to be submitted.
If future work duties result in the level of exposure moving to a “1” or higher, Appendix C is required.**

Physical Hazards (Check all that apply)

- Excessive noise over 85 decibels
(e.g. communication within two (2) feet requires shouting)
- Lifting 50 lbs. or more
- Extreme temperature/humidity
- Outdoor field collections
- Slip, trip, fall hazards (i.e. water, mud, etc.)

- Low/reduced light
- Ultrasound equipment
- Grinding/chipping operation
- High pressure temperature/pressure equipment
- N/A – Not applicable

SECTION D: SUPERVISOR CERTIFICATION

By signature, I certify that the information provided is accurate to the best of my knowledge.

PI/Supervisor Signature: _____ Date: _____

By signature, I acknowledge and agree with all of the above.

Employee/Student Signature: _____ Date: _____

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University of North Dakota Office of Safety Medical Surveillance Questionnaire

To maintain your confidentiality, your PI/supervisor must not look at or review your answers.

INSTRUCTIONS: Employees/Students/Volunteers working with research animals or entering a vivarium are required to complete this questionnaire to identify applicable health and safety recommendations. The purpose of the following questions is to determine if you have any special health needs to work safely with animals. Based on your answers, medical recommendations will be provided to reduce risk of undesirable health effects and may include wearing additional personal protective equipment or modifying work procedures. In some cases, further medical evaluation may be indicated at Altru Occupational Health (Employer Health Solutions).

This form will be reviewed by a health care professional and kept in your confidential medical record at Altru.

Employee/Student Name: _____ **Date of Birth:** _____

UND ID#: _____ **Male** **Female** **Other** _____ **Prefer not to answer**

UND Department: _____ **Job Title:** _____

Local Address: _____ **Phone:** _____

Supervisor: _____ **Species to be handled:** _____

UND OCCUPATIONAL HEALTH QUESTIONNAIRE (Your PI/Supervisor should not see this page)

1. Have you received a Tetanus vaccine? Yes No Unsure
a. If yes, what is the date of your last Tetanus vaccination? _____
2. If you will be working with human blood/tissues/cells/cell lines in animals, have you received a Hepatitis B vaccination series? Yes No Unsure
a. If yes, please list vaccination dates: 1 _____ 2 _____ 3 _____
b. List year of vaccination: _____
3. Have you completed a HepB titer test? Yes No
a. If yes, Titer result and date: _____

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Do you have any of the following medical conditions? **Yes** **No**

Allergy and Respiratory System Health History

- Asthma or other chronic respiratory disease
- Skin conditions (such as eczema, psoriasis, dermatitis)
- Allergic skin reactions (such as hives, rash, itching)

If yes, please explain: _____

- Known or suspected animal allergies

Indicate any animal-related reaction(s):

Runny/stuffy nose	Itching eyes	Sneezing	Coughing
Wheezing	Chest tightness	Shortness of breath	Hives
Skin rash	Throat swelling	Other _____	

- Known or suspected allergies to chemicals, latex, food, or environment

If yes, please list: _____

If yes to any of the above conditions, list any treatment you receive to relieve your symptoms:

- Are you currently using respiratory protection or mask?

If yes, list type of respirator/mask you are using: _____

- Have you been fit-tested?

If yes, when was the last fitting? _____

Immune/Metabolic System Health History

- Chronic health conditions such as diabetes
- Kidney or liver disease
- Valvular heart disease
- Seizures
- History of spleen problems or absence of spleen
- Pregnant or planning to become pregnant
- Immune system deficiencies or other limitations to your ability to fight off disease or infection (for example: cancer, lupus, organ transplant, HIV infection, chronic infections)

If yes, please list: _____

- Current medication or treatment that may suppress your immune system (for example: high-dose steroids, prednisone, cancer therapy, radiation therapy)

If yes, please list: _____

Physical Health History

- Vision or hearing problems
- Musculoskeletal disorder
- Carpal tunnel syndrome or repetitive motion injury
- Chronic back or joint pain

If yes to any of the above physical concerns, please explain: _____

Do you have any health or workplace concerns not covered by this questionnaire that you feel may affect your occupational health and would like to confidentially discuss with the Occupational Health staff or your primary care physician? Yes **No**

If yes, contact Altru Occupational Health (Employer Health Solutions) at 701.780.1947 to follow-up with this health assessment.

By signature, I certify that the information provided is accurate to the best of my knowledge.

Participant Signature

Date