**SUNY ESF IACUC Animal Use Health and Safety Questionnaire**

A requirement of the ESF Occupational Health and Safety Program (OHSP) for those working with vertebrate animals, is an assessment of risks for project personnel. An OHSP is necessary to maintain an *Animal Welfare Assurance for Domestic Institutions* (“Assurance”) which is required for institutions receiving some sources of federal funding. To evaluate health risks, some of which may pertain to confidential medical information, a medical evaluation, via this questionnaire is reviewed by a qualified health professional. This evaluation provides a baseline of an individual’s exposure risks.

This evaluation must be completed prior to any personnel beginning animal work. Consult with your supervisor to determine what animal handling will be involved in your work.

Submit for physician review as described on last page. Do not send to your supervisor – this contains your private information.

**PART I – Employee information and animals studied. This part will be returned to ESF with the medical reviewer’s assessment.**

Date: Click here to enter a date.

Last Name: Click here to enter text.

First Name: Click here to enter text.

Position at ESF: Click here to enter text.

ESF/SU ID#: Click here to enter text.

Email: Click here to enter text.

Campus/home phone: Click here to enter text.

Campus/Home mailing address: Click here to enter text.

Name of Principal Investigator/Employer: Click here to enter text.

Contact information for PI/Employer (phone and email): Click here to enter text.

Location(s) where animal handling work will occur: Click here to enter text.

Species studied (genus, species, common name):

Click here to enter text.

Other species that may incidentally be handled (trapping, fishing, etc.):

Click here to enter text.

Estimated amount of animal handling per week or per year (# of hours per some time, or number of subjects). This allows for evaluation of degree of risk.

Click here to enter text.

**For Medical Reviewer Only**

* Risk assessment satisfactory based on records submitted. Employee clear for animal work
* Recommend personal protective equipment, vaccines, or other training prior to beginning work. Details included in attached report.
* Follow up visit/consultation with designated medical professional required prior to animal work beginning.

Name of medical reviewer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART II – Medical History**

This section will only be reviewed by a medical professional. This medical history portion of the questionnaire is considered private health information and records maintained at that medical office. This section contain confidential medical information, and as such, will not be returned to ESF.

Name (last name, first name): Click here to enter text.

ESF/SU ID#:Click here to enter text.

Date:Click here to enter a date.

1. Do you have any ongoing medical problems? Yes; No

If yes, explain:Click here to enter text.

2. Has a physician told you that you have an immune compromising medical condition or are you taking medication(s) that impair your immune system (steroids, immunosuppressive drugs, or chemotherapy)?

Yes; No

If yes, explain: Click here to enter text.

3. Have you had a tetanus vaccine/booster in the past 10 years? Yes; No

If yes, what year? Click here to enter text.

4. Does your work involve travel to a foreign country? Yes; No

If so, what vaccines (if any) have you already received?

Click here to enter text.

5. Other vaccines that may be relevant to your work (vaccine and year):

Click here to enter text.

6. Have you had any of the following? (Check all that apply)

Pneumonia

Heart disease

Diabetes

Cancer

Seizures

Recurrent bronchitis

Rheumatic fever

Arthritis

Liver disease

Carpal tunnel or repetitive motion injury

For any box you checked above, additional description can be provided here:

Click here to enter text.

7.Do you have allergies to any of the following:

Mice

Rats

Rabbits

Cats

Dogs

Frogs

Reptiles

Birds

Weeds

Grass

Trees

Molds

Food

Latex

Insect stings

Other allergies. Please describe:Click here to enter text.

8. Please describe any health conditions you think may be pertinent to working with animals:

Click here to enter text.

9. For women: If you are pregnant, or planning to become pregnant in the next year, do you understand the risks of working with animals? Yes; No; Not applicable

10. Other comments you wish to include:

Click here to enter text.

By signing below, I agree to have the above information reviewed by a qualified occupational health medical professional. I have responded to the questions above to the best of my ability and am prepared to follow the guidance and recommendations made as a result of this risk assessment. I also understand that it is my responsibility to report (or complete another risk assessment form) for any changes that may be applicable to my work (health status, pregnancy, change in medication, etc.).

Signature Date

For email submissions, send completed forms directly to Dr. David Seeley at [davidseeleymd@crouse.org](mailto:davidseeleymd@crouse.org)

with the subject line “Confidential: SUNY ESF Health Risk Assessment”. (email submissions are encouraged).

TO submit in person or by mail, return this completed form in a sealed envelope to:

ESF Animal Use Health and Safety

C/O Linda McNamara

SUNY ESF

Office of Research Programs

200 Bray Hall

Clearly mark envelope with your name, and the statement “CONFIDENTIAL: SUNY-ESF IACUC Animal Use Health and Safety Questionnaire” (Sealed forms will be forwarded to Dr. Seeley)

If mailing, place your sealed and marked envelope INTO a mailing envelope (i.e., the outer envelope will be opened upon arrival). [Add “Syracuse, NY 13210” to address above]

For questions about this form or the Animal Use Health and Safety Program at ESF, contact:

John Wasiel (EH&S) or Chris Whipps (IACUC Chair)