



# Haverford College

## Laboratory Animal Research Risk Assessment Questionnaire

### Instructions:

- Students must make an appointment with Health Services (610-896-1089); College employees should contact their primary care provider. Note: assume at least 2 weeks’ time frame to complete any necessary medical exam, laboratory tests or required immunizations;
- Students must complete this form prior to arrival for assessment of medical eligibility. Go to [www.haverford.edu/healthservices](http://www.haverford.edu/healthservices) under “forms” to download an electronic copy. College employees filling out this form should share this form with their primary care provider;
- After medical clearance is received, students must complete lab safety training with Research Supervisor; college employees should complete training with their supervisor/manager prior to beginning any work with animals;
- No individual is to work in the laboratory/animal facility until medical clearance is given by the health care provider, and their clearance form and lab safety training are complete to the satisfaction of supervisor/manager;
- After receiving their initial clearance, individuals are directed to consult again with their medical provider following any changes in their health status (such as becoming pregnant, immunocompromised, ill, or developing an allergic reaction) that could affect their ability to work safely with animals and then to discuss their situation with their supervisor/manager.
- If an individual is exposed to any hazard in the laboratory it is the responsibility of the individual and the supervisor/manager to report the incident immediately to the Coordinator of Campus Safety (Mark Sweeney, [msweeney@haverford.edu](mailto:msweeney@haverford.edu) (610-896-1111) and refer to the emergency room as appropriate;
- ***Individuals completing this form must provide a completed copy of Sections A-F (pages 1-4) of this form to the supervisor/manager and IACUC Chair. Any confidential medical information in Section G is ONLY to be shared with the individual’s medical provider and should NOT be returned with the rest of this form. If a co-pay or other cost was necessary to complete this screening, please consult your department for reimbursement.***

### Part A: Personal Data (to be completed by the individual, and signed by Research Supervisor/Manager)

Preferred name: \_\_\_\_\_ Are you 18 or older?: \_\_\_ Yes \_\_\_ No

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Building and room number(s) in which you will primarily interact with animals: \_\_\_\_\_

Species of animals to which you will be exposed: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date \_\_\_\_\_

Name/Title of your Supervisor/Manager: \_\_\_\_\_

Signature of Supervisor/Manager: \_\_\_\_\_ Date \_\_\_\_\_

**Sections B-E to be completed by student or employee in consultation with supervisor/manager**

**Part B: Animal allergy risk factors you should know:**

- **If you work continually with animals, you are three times more likely to develop allergies and asthma than a person who does not work with animals.**
- **If you are allergic to grass, ragweed, house dust, or domestic animals such as cats and dogs, you are more likely to develop allergies to laboratory animals. Using a special filtered mask known as a respirator may decrease your risk of developing an animal allergy.**
- **Surgical-type masks are probably not effective in reducing your exposure to allergens.**
- **Respiratory personal protective equipment (PPE) is available to all students, staff, and faculty.**

**B1.** Which of the following best describes your *expected* average exposure time to live animals in the research facility:

More than 10 hours per week     2-10 hours per week     Less than 2 hours per week

I will not have regular weekly contact. My contact is less than 4 hours per month.

I will not have regular monthly contact. My contact is a few times per year.

**B2.** Do you have current exposure to animals outside the research facility (e.g. house pets, additional employment)?

\_\_\_\_\_

**B3.** Did you work with animals prior to working in our research facility? \_\_\_\_\_

**B4.** Do you currently or have you ever experienced any of the following symptoms when in contact with animals (check all that apply):

Watery or itchy eyes     Runny or stuffy nose     Sneezing spells

Skin rashes or hives     Wheezing, chest tightness, shortness of breath

**B5.** Do you experience any of the above symptoms when you are exposed to research animals in the research facility? Yes

No

If “yes,” please list the animal and the symptoms experienced:

\_\_\_\_\_

**B6.** Do you have a known allergy to any animals (pet, research, or other)? Yes No

If “yes,” please list the animal(s) and the symptoms you experience when exposed to them:

**Part C: Your interaction with the animals**

Check one of the following:

\_\_\_\_\_ I will be involved with animal work in the field rather than the laboratory.  
If you check this option, please describe the nature of your contact with animals in the field:

**-OR-**

\_\_\_\_\_ I will only enter rooms in which animals are kept. I do not handle animals, their tissues or body fluids, or animal products. (If you checked this, please skip to part E.)

**-OR-**

\_\_\_\_\_ I will enter rooms in which animals are kept and observe procedures being performed by my supervisor or, with my supervisor's permission, by students named on an approved protocol, but I do not handle animals, their tissues, or body fluids. (If you checked this, please skip to Part D.)

**-OR-**

\_\_\_\_\_ I will be involved with animal research or maintenance. (If you checked this, please complete the rest of this section.)

Indicate the animal / tissue / body fluids/used or handled by you by checking the appropriate entries (check all that apply):

Rodents:	_____	Animal	_____	Tissue	_____	Body Fluids		
Fish:	_____	Animal	_____	Tissue	_____	Body Fluids		
Other: _____	_____	Animal	_____	Tissue	_____	Body Fluids	_____	NA

**Part D: Exposure to hazardous agents.**

**IMPORTANT: For each of the following, please respond "yes" only if you use the agent in rooms where live animals are housed, handled, or experimented with. If you are working under the supervision of a faculty member doing animal research at Haverford or the Rodent Facility Manager, please check with your supervisor that you have listed all of the hazardous agents to which you are exposed.**

**D1. Biosafety:** I use infectious agents, recombinant vectors, or toxins: Yes No

If "yes," please list agent and indicate frequency of use (several times per day, week, month, or year):

- 1. Agent: \_\_\_\_\_ Frequency of use: several times per \_\_\_\_\_
- 2. Agent: \_\_\_\_\_ Frequency of use: several times per \_\_\_\_\_
- 3. Agent: \_\_\_\_\_ Frequency of use: several times per \_\_\_\_\_
- 4. Agent: \_\_\_\_\_ Frequency of use: several times per \_\_\_\_\_

**D2. Chemotherapy agents:** I use antineoplastic agents (chemotherapy agents): Yes No

If "yes," please list agent and indicate frequency of use (several times per day, week, month, or year):

- 1. Agent: \_\_\_\_\_ Frequency of use: several times per \_\_\_\_\_
- 2. Agent: \_\_\_\_\_ Frequency of use: several times per \_\_\_\_\_
- 3. Agent: \_\_\_\_\_ Frequency of use: several times per \_\_\_\_\_
- 4. Agent: \_\_\_\_\_ Frequency of use: several times per \_\_\_\_\_

**D3. Other hazardous chemicals:** I use hazardous chemicals other than antineoplastic agents: Yes No

If "yes," please list chemical and indicate frequency of use (several times per day, week, month, or year):

1. Chemical: \_\_\_\_\_ Frequency of use: several times per \_\_\_\_\_
2. Chemical: \_\_\_\_\_ Frequency of use: several times per \_\_\_\_\_
3. Chemical: \_\_\_\_\_ Frequency of use: several times per \_\_\_\_\_
4. Chemical: \_\_\_\_\_ Frequency of use: several times per \_\_\_\_\_

**D4. Other hazards:**

List other hazards in your workplace and frequency of exposure (several times per day, week, month, or year):

1. Hazard: \_\_\_\_\_ Frequency of exposure: several times per \_\_\_\_\_
2. Hazard: \_\_\_\_\_ Frequency of exposure: several times per \_\_\_\_\_
3. Hazard: \_\_\_\_\_ Frequency of exposure: several times per \_\_\_\_\_
4. Hazard: \_\_\_\_\_ Frequency of exposure: several times per \_\_\_\_\_

**Part E: Personal protective equipment (PPE)**

I use the following protective equipment in rooms where live animals are housed, handled, or experimented with (check all that applies):

- Disposable gown                       Respirator (Type: \_\_\_\_\_ Have you been fit tested? Yes No)
- Disposable shoe coverings    Eye protection                       Gloves
- Hearing protection                       Surgical mask  with or  without face shield

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**Part F: To be completed by the Healthcare Provider**

Individual's name: \_\_\_\_\_

These reports have been submitted and reviewed as noted by check:

- Report of Medical History and Clinical Record
- Current immunization status
- Listed Exposures

Individual Status as noted by check:

- Medically eligible to perform the stated activities without restriction
- Medically eligible to perform the stated activities with additional requirements as noted:
- \_\_\_\_\_
- Deemed Medically **NOT** eligible to perform the stated activities

Health Care Provider (signature) \_\_\_\_\_ Date \_\_\_\_\_

(Name and Address, printed): \_\_\_\_\_

*Please detach Sections A-F above and submit these Sections to the Research Supervisor and IACUC Chair.*

**This page to be completed by student or employee and shared only with their medical provider.**

*The following information is confidential, and should be reviewed only by your health provider. Please detach this section before providing the information contained above to supervisor/manager and IACUC Chair.*

**Part G: Immunizations**

G1. I have had a tetanus vaccine within the last 10 years: \_\_\_ Yes \_\_\_ No Date: \_\_\_\_\_

G2. All my immunizations are up to date: \_\_\_ Yes \_\_\_ No if No, will complete by \_\_\_\_\_

**Part H:**

H1. Do you have any questions or concerns regarding your work with animals that you would like to discuss?

H2. Please add any remarks you feel are relevant. \_\_\_\_\_

**Part I: Medical History**

Do you have any of the following health considerations? (Check all that apply)

\_\_\_ Asthma or other chronic respiratory disease

\_\_\_ Cardiac disease

\_\_\_ Hypertension

\_\_\_ Chronic health conditions such as diabetes (Explain: \_\_\_\_\_)

\_\_\_ Kidney or liver disease

\_\_\_ Valvular heart disease

\_\_\_ History of spleen problems or absence of spleen

\_\_\_ Deafness

\_\_\_ Skin conditions such as eczema, psoriasis, dermatitis

\_\_\_ Allergic skin reaction such as hives, rash, itches (Explain : \_\_\_\_\_)

\_\_\_ Known or suspected allergies to chemicals, latex, food, or environment (explain \_\_\_\_\_)

\_\_\_ Pregnant or planning to become pregnant

\_\_\_ Immune system deficiency or other limitation to your ability to fight off disease or infection; for example, cancer, lupus, organ transplant, HIV infection, chronic infections (please list:

\_\_\_\_\_)

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

\_\_\_ Other

RF:11\_18\_2020

KJ:06\_30\_2021