



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 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 (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, you will be screened for work with all relevant animal model systems available at Haverford College (including rodents, such as mice, rats and/or hamsters, and fish, and if needed, invertebrates such as bees and spiders).

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

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