

**Medical College of Georgia
Occupational Health Form
For Individuals who have Animal Contact**

Name: _____ Department: _____
(Last, First, M.I.)

Bldg and Room # _____ Position Title: _____ Office Telephone # _____

Principal Investigator of project using animals: _____

Female Male Date of birth: _____

1. Species used/contacted (check all that apply):

- Dog
- Cat
- Nonhuman primate
- Sheep
- Pig
- Rodents (Mice, Rats, Hamster, etc.), please specify _____
- Rabbit
- Other, please list: _____

2. For use with **live animals** only, any work with:

- A) **Recombinant DNA** Yes No
- B) **Infectious Agents** Human Animal Yes No
- C) **Bloodborne Pathogens Agents** Human Animal Yes No
- D) **Human Cell lines** Yes No
- E) **Extremely Hazardous Agents** Yes No
- F) **Radiation/Radiation Devices** Yes No

3. What is the date of your most recent tetanus diphtheria booster? _____

It is mandatory to have an up-to-date tetanus (they are good for 10 years) Contact Employee Health

4. Do you have any allergies to animals? Yes No If yes, please explain _____

5. Have you ever contracted an illness or had a serious injury from an animal or in animal-related work?

Yes No If yes, please explain in detail _____

6. **If you are in contact with nonhuman primates:**

A. Have you ever had tuberculosis? Yes, If Yes please explain when and where you were treated No

B. Date of Last TB Skin Test (If None check the box) _____ None

C. Have you been informed about the risk of:

- Cercopithecine herpes virus-1 (B Virus) Yes No
- Simian Immunodeficiency Virus (SIV) Yes No

7. **Female Personnel Working With Cats**

If female, are you pregnant? Yes No

Have you been informed about Toxoplasmosis Yes No

Female Personnel Working With Sheep

If female, are you pregnant? Yes No

Have you been informed about Q-fever Yes No

8. Are you currently enrolled and will remain in a similar Occupational Health Program at another facility or institution Yes, If Yes, Where _____ No

9. If you need access to the barrier area(s) you must contact Mr. Rennie Wolfe 706 721-2685 rwolfe@mcg.edu for Barrier Training.

To the best of my knowledge, the above information is true _____

Signature

Date

Please return completed form to: Ms. Jenny Whitlock CA 1094. You will be advised of any training required before you can begin working on any animal related experiments.