

Medical College of Georgia Occupational Health Risk Assessment For Individuals who have Animal Contact

General Information:

The Medical College of Georgia's Occupational Health and Safety Program cover faculty, staff, and students who have direct or indirect exposure to MCG's vertebrate research and training animals.

Name: _____ Date of Birth: _____

Last 4 Digits of your S.S. # _____ Department: _____

(Bldg and Room # _____ Position Title: _____

Work Telephone # _____ Email address: _____

Principal Investigator Name: _____ Principal Investigator phone: _____

Please answer all questions. Do not leave any unanswered.

Female Male

1. Participant Status : Faculty Staff Graduate Student Other : _____

2. Briefly describe your position as it relates to your potential exposure to animals: _____

3. Animal /Tissues/Body Fluids to Which You Might Be Exposed

Please identify the level of exposure for any animals that apply to your status:

Level 1 – Enter into building where animals are housed, but do not enter animal use area (e.g. room where animals are used or housed)

Level 2 – Enter animal use area (e.g. room where animals are used or housed), but no direct contact

Level 3 – Handle "unfixed" animal tissues and fluids, but do not conduct procedures on live animals

Level 4 – Provide food and water, clean cages, handle, restrain, collect specimens, provide veterinary care, or administer substances to live animals

Level	1	2	3	4
Dog, Cat				
Nonhuman Primate				
Sheep/Goat				
Pig				
Rodents (Mice, Rats)				
Hamster, Guinea Pig				
Rabbit				
Frogs				
Fish				
Other:				

1. 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

2. Do you have or have you ever had any allergies to animals? Yes No If yes, please specify animal and symptoms of allergy.

3. 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. _____

4. **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

5. **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

6. What is the date of your last tetanus diphtheria vaccine?

7. What is the date of your last tuberculin skin test? _____

8. Does your job require you to wear a respirator? Yes No
9. Have you been medically screened to wear a respirator? Yes No

Please be informed that certain medical conditions can increase your potential risk of health problems when working with animals. These medical conditions could include but are not limited to allergies to animals and/or animal dander, asthma and immunosuppression.

The information provided on this form is accurate to the best of my knowledge.

Signature :

Date:

Do not write below this line

Assessment/Review:

Plan:

- This employee has completed their risk assessment under MCG's Occ. Health Program.
- This employee is cleared to work with laboratory animals as described on this risk assessment.
- This employee has declined recommended prophylaxis.
- This employee is not medically cleared to work with laboratory animals as described on this risk assessment.

Risk Assessment completed by:
8/08

Date:

MCGHI Employee Health Service Approval Form



Please bring the completed form and your OHP form to Ms. Jenny Whitlock CA 1094. The forms will be forwarded to Employee Health and they will conduct a review. They will notify the applicable department i.e. Institutional Animal Care & Use Committee or Laboratory Animal Services that you are cleared to work with animals. There is an \$8.50 Risk Assessment Fee per person charged for this service and it will be the responsibility of the PI to use resources available to them to fund the risk assessments i.e. residual fund account, start up funds, etc.

Employee Name: _____ Date of Birth: _____

Date of Service: _____

You do not need to mark anything as Risk Assessment has already been checked for you.

***All employees (regardless of employer) are required to have a Risk Assessment done every two years**

<input checked="" type="checkbox"/>	Services	<input checked="" type="checkbox"/>	Immunizations
	Pre-Employment Physical		Hepatitis B Vaccine Series
	Annual Health Screen		MMR Vaccine
	Urine Drug Screen		Varicella (Varivax)
	Immunization Titers		Hepatitis A Vaccine
	Respiratory Physical		Rabies Vaccine
	Breathalyzer Testing		Tdap
	Audiology Testing		Tetanus
	Fit Testing only		Influenza
	Physician Visit only	<input checked="" type="checkbox"/>	Other: Risk Assessment
TB Test only: Will not do only a TB test if Annual is required. Please contact Employee Health if you have any questions.			

By signing below I authorize payment for the above marked services. Payment for these services has been approved by the department, and an invoice will be sent to the cost center listed below.

Cost Center NUMBER to be billed: _____

Printed name of manager/supervisor approving services: _____

Signature of manager/supervisor approving services: _____

Phone # of manager/supervisor approving services: _____

Name and mailing address of MCG department: _____

Please direct any questions to Michele Wallace, Director of Employee Health
Employee Health: 721-3418
Fax Number: 721-0882
