

Animal Exposure Risk Assessment Form (Appendix A)

This form must be completed annually by all individuals who will be handling animals at UND.
Submit the completed form to the UND Office of Safety for review.

Employee/Student Name: _____ UND ID#: _____

Phone: _____ Male Female Other: _____ Prefer not to answer

Email Address: _____ Job Title: _____

Department: _____ Supervisor/PI: _____

Faculty Staff Graduate Student Undergraduate Student Other:

I am no longer active on an approved IACUC protocol and will not be entering animal facilities or have contact with animals as part of my work. (**Contact the Office of Safety if this situation changes**)

ANIMAL USE INFORMATION

List all animals that you may be handling:

Estimate animal contact (hours per month):

Other Hazards (i.e., infectious agents, radioactive materials, anesthetic gas, etc.):

HEALTH ASSESSMENT

Since your last annual animal exposure assessment:

- | | YES | NO |
|---|--------------------------|--------------------------|
| • Has there been a change to your health status over the past year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you experienced shortness of breath, coughing, and/or wheezing while working with or around animals? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you experienced any allergen-induced symptoms related to work, such as watery/itchy eyes, sneezing, runny nose, and/or dermatitis? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have a condition or are you receiving any therapies which you have been told may compromise your immune system? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered YES to any of the above questions, complete the UND Occupational Health Plan forms Medical Surveillance Questionnaire and Occupational Health Risk Assessment Questionnaire and submit to the Office of Safety.

Have you had a tetanus booster in the last 10 years? Yes, year of booster: _____ No Unsure

Have you completed the Hepatitis B vaccination series? Yes, year of vaccine: _____ No Unsure

Have you had a rabies vaccine? Yes, year of vaccine: _____ No Unsure

Are you currently using respiratory protection or mask? Yes, type: _____ No

Have you been properly fitted as part of the UND Respiratory Protection Plan? Yes No

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Have you had any on-the-job injuries or exposures since your last assessment? Yes No

- If yes, please describe:

Would you like to speak with an Occupational Health Medical Professional about this assessment or any workplace health concern? Yes No

- If yes, please contact Altru Occupational Health department by calling 701.780.1947.

Signature:

Date:

Reviewed by:

Date: