

May 14, 2010

Carlos Perez-Stable, PhD  
Chair, Animal Studies Subcommittee

Occupational Health and Safety for Research Personnel with Animal Contact

Employee with Animal Contact

1. The VHA Handbook 1200.7 Appendix C, dated May 27, 2005 entitled "Occupational Health and Safety for Research Personnel with Animal Contact" states that such personnel will have an annual medical follow-up by a qualified medical professional (page C-3).
2. This requirement may be satisfied by an interview and physical examination with the following options:

Option 1: Make a physical exam appointment with an Employee Health Medical Official by calling 305-575-7000, ext. 4282 or 4283/Room 1D182 and have him/her to complete the Annual Medical Follow-Up questionnaire for Research Personnel with Animal Contact and Verification Letter (attached).\*

OR

Option 2: Make a physical exam appointment with your personal health care practitioner and have him/her to complete the Annual Medical Follow-Up questionnaire for Research Personnel with Animal Contact and Verification Letter (attached).\*

*\*Note: The Employee Health Office must maintain the original of the questionnaire. Please do not leave it with your personal physician!*

*The signed Verification Letter must be returned to the Research Office, Room 2B102 as a receipt that you have satisfied the physical exam requirement. You may also email the verification letter [Lori.roberson@va.gov](mailto:Lori.roberson@va.gov) or [Katrina.washburn@va.gov](mailto:Katrina.washburn@va.gov).*

3. If you have any questions please contact Lori Roberson, Program Support Assistant at 305-575-3179, ext. 3444.

Sincerely,



Carlos Perez-Stable, PhD  
Attachments

**ANNUAL MEDICAL FOLLOW-UP QUESTIONNAIRE FOR RESEARCH  
PERSONNEL WITH ANIMAL CONTACT**

**Note: All information obtained in this questionnaire is considered to be privileged medical information and is subject to Federal Regulations that govern the collection and use of personal information. The completed questionnaire is to be included in the employee's medical records.**

**A. GENERAL INFORMATION:**

(1) Name: \_\_\_\_\_ (2) Last 4 SSN: \_\_\_\_\_

(3) Date of Birth: \_\_\_\_\_ (4) Gender: \_\_\_\_\_; if female, pregnancy status \_\_\_\_\_

(5) Job Title: \_\_\_\_\_ (6) Emergency Contact No.: \_\_\_\_\_

**B. SAFETY PRACTICES:**

1. Do you smoke, eat, or drink beverages in animal rooms or procedure areas?

Y \_\_\_\_; N \_\_\_\_; N/A \_\_\_\_

2. How frequently do you wear gloves, gown, mask, head cover, or protective eyewear as may be mandated when performing assigned tasks?

Never \_\_\_\_; Rarely \_\_\_\_; Sometimes \_\_\_\_; Always \_\_\_\_; N/A \_\_\_\_

3. How often do you wash your hands after handling animals during your tour of duty?

Never \_\_\_\_; Rarely \_\_\_\_; Sometimes \_\_\_\_; Always \_\_\_\_; N/A \_\_\_\_

4. How often do you change clothing after handling animals during your tour of duty?

Never \_\_\_\_; Rarely \_\_\_\_; Sometimes \_\_\_\_; Always \_\_\_\_; N/A \_\_\_\_

**C. MEDICAL ISSUES:**

1. Are you currently, or have you received any immunosuppressive therapy that could increase your risk to biological pathogens, or zoonotic agents?

Y \_\_\_\_; N \_\_\_\_

2. Do you have any history of asthma, hay fever, allergic skin problems, eczema, sinusitis, chronic respiratory infections or disease, or any history of any of these conditions among blood relatives?

Y \_\_\_\_; N \_\_\_\_

If yes, briefly describe:

---

---

3. Have you ever suffered from an inguinal or similar hernia, back pain or trouble, joint problems, or arthritis?

Y \_\_\_\_; N \_\_\_\_

If yes, describe severity of the condition and the treatment measures taken:

---

---

4. Do you have any other significant health issues that you believe could increase your risk of exposure to work place hazards?

Y \_\_\_\_; N \_\_\_\_

If yes, explain:

---

---

**D. ANIMAL CONTACT WITH HAZARDS:**

1. As part of your assigned duties, what species of laboratory animals do you work with?

---

2. Approximately how many contact hours do you have with animals per week. Include contact with animal tissues, wastes, body fluids, carcasses, and animal housing areas?

Response: \_\_\_\_\_

3. Do your assigned duties involve working with human or animal pathogens?

Y \_\_\_\_; N \_\_\_\_

If yes, specify pathogen(s):

---

---

4. Do your assigned duties involve contact with chemicals?

Y \_\_\_\_; N \_\_\_\_

If yes, specify:

---

---

5. Have you ever had any symptoms associated with exposure to such chemicals?

Y \_\_\_\_; N \_\_\_\_

If yes, describe:

---

---

6. Have you ever experienced any allergic symptoms during or after contact with a laboratory animal species (symptoms such as sneezing, runny or stuffy nose, watery or itchy eyes, coughing, wheezing, shortness of breath, skin rashes or hives, difficulty swallowing)?

Y \_\_\_\_; N \_\_\_\_

If yes:

a. Animal species involved: \_\_\_\_\_

b. Nature of symptoms: \_\_\_\_\_

c. Frequency each symptom occurs:

Never \_\_\_\_; Monthly \_\_\_\_; Weekly \_\_\_\_; Daily \_\_\_\_

7. Do you have any house pets that could be responsible for your allergic symptoms, or which could pose a disease transmission risk to employees or animals in the research facility?

Y \_\_\_\_; N \_\_\_\_

If yes, species of animal: \_\_\_\_\_.

#### **E. IMMUNIZATION HISTORY:**

1. Have you received the pre-rabies vaccination?

Y \_\_\_\_; N \_\_\_\_

Provide date: \_\_\_\_\_

Any side effects? Y \_\_\_\_; N \_\_\_\_

2. Have you received the tetanus vaccination?

Y \_\_\_\_; N \_\_\_\_

Provide date: \_\_\_\_\_

Booster date: \_\_\_\_\_

Any side effects? Y \_\_\_\_; N \_\_\_\_

3. Have you received the hepatitis B vaccination?

Y \_\_\_\_; N \_\_\_\_

Date series completed: \_\_\_\_\_

Any side effects? Y \_\_\_\_; N \_\_\_\_

4. When did you last receive a tuberculin test?

Date: \_\_\_\_\_

Result: P \_\_\_\_; N \_\_\_\_

If positive:

a) What medication did you take? \_\_\_\_\_

For how long? \_\_\_\_\_ When? \_\_\_\_\_

b) Have you ever received a BCG vaccination? Y \_\_\_\_; N \_\_\_\_ When? \_\_\_\_\_

c) What is your history of positive tests? \_\_\_\_\_

\_\_\_\_\_

**F. INTERVIEWER COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**G. SIGNATURES:**

Employee:

\_\_\_\_\_ (Print)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ Date

Interviewer:

\_\_\_\_\_ (Print)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ Date

**RESEARCH PERSONNEL  
OCCUPATIONAL HEALTH AND SAFETY PROGRAM  
VERIFICATION LETTER**

**Date:** \_\_\_\_\_

**From:** \_\_\_\_\_

**Re: Research Personnel OHSP Verification Letter**

**To: Research Administration Office**

**I, the Medical Evaluator, has verified that \_\_\_\_\_  
(research personnel with animal contact) has had his/her medical  
history reviewed by an Employee Health Office Medical Staff or has  
been examined by his/her own Health Care Professional on  
\_\_\_\_\_.**

**I understand that a medical history review must be taken annually and  
that I will be reminded of this requirement by the Research Office for  
personnel indicated above.**

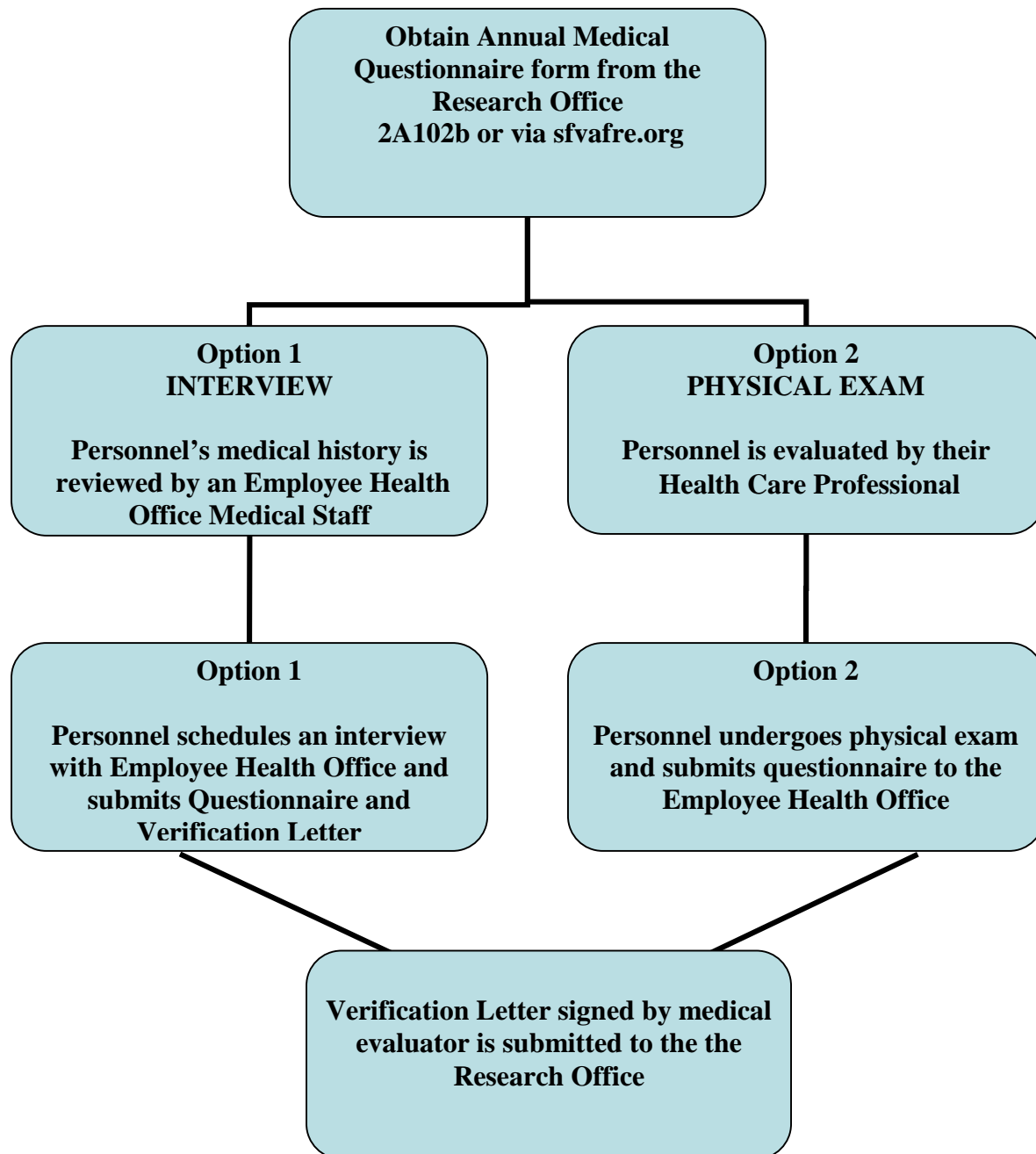
**Medical Evaluator's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Associated PI(s) with approved animal protocol:** \_\_\_\_\_

\_\_\_\_\_

**Miami VAHS Animal Care and Use Program  
Standard Operating Procedure for Personnel with Animal Contact  
through the Occupational Health and Safety Program**



\*option 1 Per VA Handbook 1200.7 **Medical Follow-up**. At least annually after employment begins, an occupational health and safety physician, or other qualified medical professional, needs to review each employee's medical history

\*option 2 Per VA Handbook 1200.7 **Pre-Employment Medical Evaluation**. A pre-employment physical exam needs to be conducted to ensure that a prospective new employee is capable of the physical demands of the position, and that pre-existing medical conditions do not place the employee or others at risk.

**RESEARCH PERSONNEL  
OCCUPATIONAL HEALTH AND SAFETY PROGRAM**

**Declination of OHSP Participation**

**Date:** \_\_\_\_\_

**From:** \_\_\_\_\_

**Re: Research Personnel Declination of OHSP Participation**

**To: Research Administration Office**

**I, \_\_\_\_\_ (research personnel listed on a study which uses animals) has declined to have my medical history reviewed by an Employee Health Office Medical Staff or a Health Care Professional because I have no contact with research animals at this time.**

**I understand that a medical history review must be taken if I want to have contact with research animals and that I will be reminded of this requirement by the Research Office of its expiration of approval.**

**Research Personnel Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Associated PI(s) with approved animal protocol:** \_\_\_\_\_

\_\_\_\_\_