

February 17, 2009

Employee with Animal Contact

Annual Review of Personnel for Occupational Health and Safety Program

John C. Hackman, PhD
Chair, Animal Studies Subcommittee

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). This may be satisfied by a physical exam or completion of a questionnaire (attached).

Please submit your completed questionnaire to the Office of Employee Health, Room #1D182. If you have any questions about the form please feel free to contact me at 305-575-4580 or Mr. Yan Rivas at 305-575-3531.

Sincerely,

John C. Hackman, 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

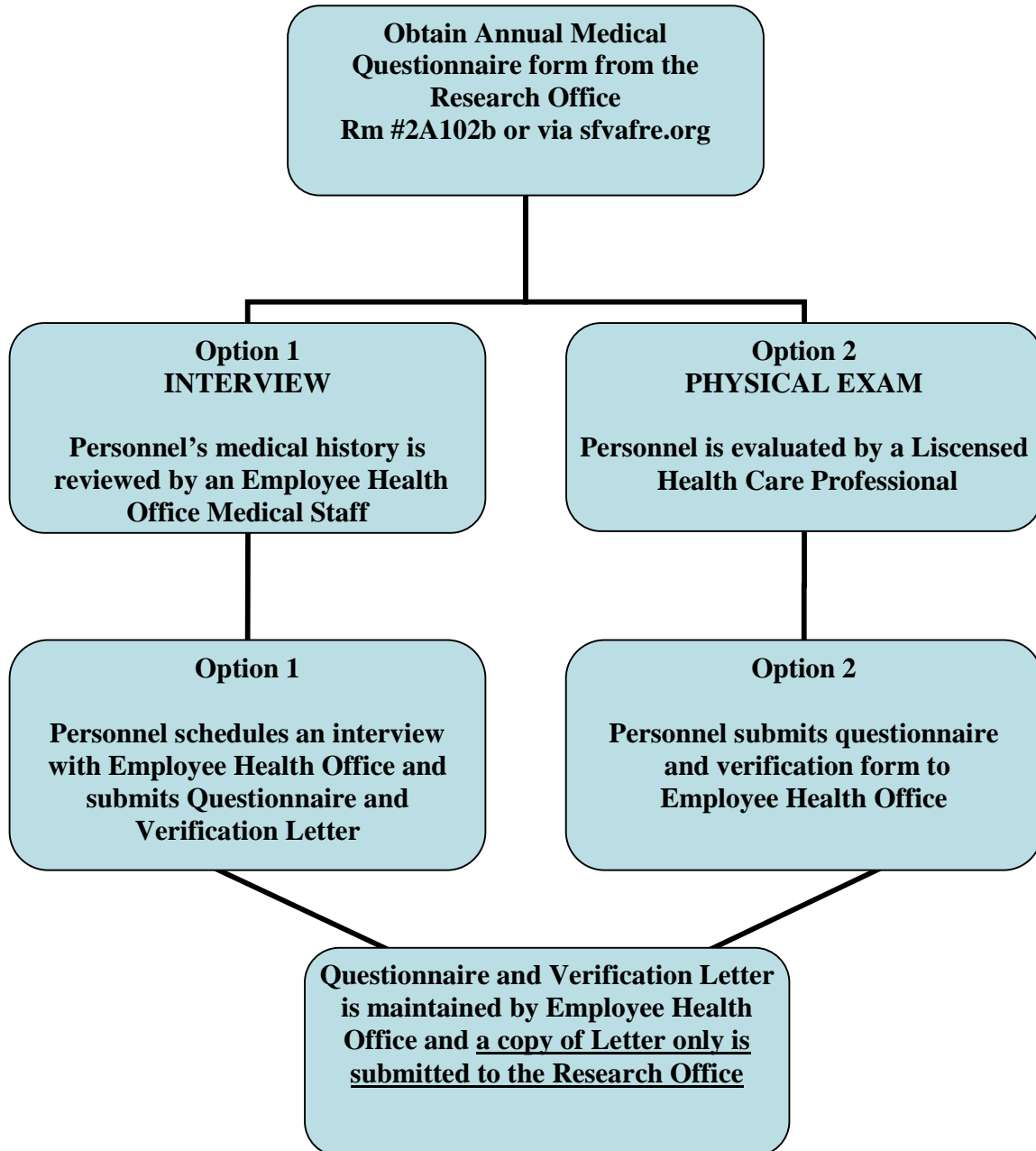
Interviewer:

_____ (Print)

_____ (Signature)

_____ Date

**Miami VA Healthcare System
Animal Care and Use Program Standard Operating Procedure
Annual Medical Review for Personnel with Animal Contact
through the Occupational Health and Safety Program**



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.

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

Date: _____

From: _____

Re: Research Personnel OHSP Verification Letter

To: Research Administration Office

**I, the Principal Investigator 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.**

Principal Investigator Signature: _____

Date: _____

**c: Research Safety Officer
VMU Supervisor**