

**University at Buffalo-Lab Animal Facilities  
Occupational Health Program for Research Staff Working with Animals**

**Health History Form.2024**

To enroll in UB’s Occupational Health Program, complete this form and email to all the following:

- Katrina Beckman (MA): [kbeckman@ecmc.edu](mailto:kbeckman@ecmc.edu)
- Laurieann Jacobs (PA): [ljacobs@ecmc.edu](mailto:ljacobs@ecmc.edu)
- Nathaniel Hughes (GLPS Manager): [nhughes@ecmc.edu](mailto:nhughes@ecmc.edu)
- Brandy Scott (Front Desk): [bscott1@ecmc.edu](mailto:bscott1@ecmc.edu)

**If preferred, you may mail a printed form to:**

Great Lakes Physician Services (GLPS), Erie County Medical Center  
462 Grider Street  
Buffalo, NY 14215

**ONLY IF REQUIRED** will GLPS contact you to schedule an appointment for a health assessment and/or tests or vaccinations. Contact GLPS via phone at (716) 898-4153.

This form must be updated and submitted annually or triennially depending on your animal use risk category (see LAF SOP 3F3) or whenever your animal activities or health status significantly change. All information is kept confidential by Great Lakes Physician Services according to HIPAA guidelines. **DO NOT TURN THIS FORM INTO LAF or IACUC!**

1) Personal Information	
Last Name:	
First Name (Given name):	
Department:	
Campus mailing address:	
Work phone number:	
Home phone number:	
Email address:	
Male/Female/Non-binary:	
Date of Birth:	

2) Name of your Principal Investigator or Supervisor:	
Contact information (email/phone):	

3) Indicate your role at the UB (check all that apply):			
Principal Investigator	<input type="checkbox"/>	LAF Personnel	<input type="checkbox"/>
Researcher	<input type="checkbox"/>	Custodial Personnel	<input type="checkbox"/>
Technician	<input type="checkbox"/>	Facility Maintenance Personnel	<input type="checkbox"/>
Student	<input type="checkbox"/>	IACUC Member	<input type="checkbox"/>
Visiting Scientist	<input type="checkbox"/>	IACUC Staff	<input type="checkbox"/>

5) Check all species for which you may have a DIRECT ANIMAL HANDLING* role:					
Mice		Pigs		Frogs	
Rats		Sheep		Fish	
Hamsters		Dogs		Birds	
Rabbits		Chinchillas		Ferrets	
Other (specify)					

**\*Direct Animal Handling:** Any animal handling OR opening a cage or pen OR being in the animal holding room when someone else performs this.

6) Of the species on this list, check any for which you may meet the definition of SUBSTANTIAL ANIMAL EXPOSURE**:					
Pregnant Sheep		Animals housed under ABSL-2 conditions		Animals housed under ABSL-3 conditions	
		ABSL-2 Species:		ABSL-3 Species:	
Wild caught animals:		Non-human primates outside UB:			
Wild Species:		NHP Species:			

**\*\*Substantial Animal Exposure:** This includes just entering the room/habitat for any animals on this list (roles may be limited to as little as room/habitat entry or may include as much as handling/conducting procedures on the animal).

7) Indicate your approximate number of hours of combined direct animal handling and substantial animal exposure (as defined above) per week:					
Less than 1 hour/week		1-8 hours/week		Over 8 hours/week	

8) Have you contracted an illness or had a serious injury from an animal or in animal-related work?	
	If yes, explain:

9) Check off <u>all</u> hazards you will work with, and list (or check) specific agents.		
Hazard Category	Check if you have possible exposure to hazard:	Name specific hazardous agent:
Recombinant DNA		
Infectious Agents		
*Biosafety Level 2 agents (infected ABSL-2 animals)		<input type="radio"/> <i>Toxoplasma gondii</i> <input type="radio"/> <i>Strep pneumoniae</i> <input type="radio"/> Influenza A <input type="radio"/>
*Biosafety Level 3 agents (infected ABSL-3 animals)		<input type="radio"/> <i>Mycobacterium tuberculosis</i> <input type="radio"/> SARS-CoV-2
Human Cells/Tissues		
Directly handle animals inoculated with Human Cells/Tissues (bite/needlestick potential).		
Radioisotopes		
Toxins		
Carcinogens		

**Note:** If you are working with infectious/hazardous agents you must be evaluated by the Occupational Health Physician prior to gaining access to the LAF.

10) Tetanus Vaccination: Required for LAF Animal Care/Veterinary Employees:	
Provide the date of your most recent tetanus-diphtheria (Td) or tetanus-diphtheria-pertussis (Tdap) booster:	

11) Rabies Vaccination: Required for LAF Veterinarians or Veterinary Technicians:		
Have you completed a rabies vaccination (3 doses) series?		If yes, give dates:
Have you ever had a rabies booster after the initial series?	No	If yes, give date(s):
Vaccinated employees, when was the last time you had your rabies titer evaluated? This is required every 2 years.		

12) COVID Vaccination: Required if working with SARS-CoV-2 infected mice.	
Have you been vaccinated for SARS-CoV-2 (COVID)?	
List COVID Vaccination History Below:	
Date(s):	Vaccine Received (initial, booster, brand)

<b>14) QUANTIFERON Blood Testing for Tuberculosis: Required for those either working directly with non-human primates OR working with TB infected mice in ABSL-3.</b>	
<b>Indicate date of last Quantiferon Test (blood test for TB):</b>	
<b>Quantiferon Test Result:</b>	
<b>Have you ever had a tuberculosis infection?</b>	
<b>Have you ever been vaccinated for tuberculosis (BCG)?</b>	
<b>Have you ever had a positive reaction to a tuberculin skin test?</b>	

<b>15) ALLERGIES</b>	<b>Yes or No?</b>	<b>If yes, please explain:</b>
<b>Do you have allergies to animals?</b>		
<b>Do you have seasonal allergies?</b>		
<b>Do you have allergies to medications?</b>		
<b>Do you need to carry an inhaler for asthma?</b>		

<b>16) IDENTIFICATION OF HIGHER MEDICAL RISKS:</b>	
<b>16a.) Have you had a splenectomy (removal of spleen)?</b>	
	If yes, explain:
<b>16b.) Are you taking immunosuppressive medications (example: Prednisone)?</b>	
	If yes, explain:
<b>16c.) Are you immunocompromised?</b>	
	If yes, explain:
<b>16d.) Do you have a condition that predisposes you to infection or disease?</b>	
	If yes, explain:
<b>16f.) Do you have any other health issues you consider significant?</b>	
	If yes, explain:
<b>16g.) Are you pregnant or expecting to become pregnant soon?</b>	
	If yes, consider higher risks associated with working with sheep and/or Toxoplasma infected mice.

<b>17) SHEEP RISK ASSESSMENT (Skip this section if you have no potential to work with sheep at UB.)</b>	
<b>Do you have heart valve disease, congenital heart defects or heart valve replacements?</b>	
	If yes, explain:
<b>Do you have pre-existing hepatitis?</b>	
	If yes, explain:
<b>Are you pregnant?</b>	

**Quick Reference Chart: Please fill in to help Great Lakes know what you need.**

Do you <b>need a blood test for Q-Fever</b> antibody this year (only needed once unless exposed)?	
Do you <b>need the Hepatitis B VACCINE</b> from Great Lakes? It is recommended that you complete this series if you will directly handle (bite risk) mice infected with human cells (all LAF animal care/vet staff). If you opt out, you will need to sign the declination form.	
Do you need a <b>respiratory fit test</b> to determine which size N95 fits? This is <b>needed every year</b> for all LAF Staff and any staff that are required to wear an N95 for any reason.	
Do you need the <b>TB blood test</b> (only selected staff going into ABSL-3)?	
If you are a <b>veterinarian or veterinary technician</b> , do you need a <b>Rabies titer</b> blood test? Needed every 2 years.	

<b>Signature:</b>	<b>Printed Name:</b>
<b>DATE:</b>	