IRis

Northeastern University

NU-IACUC Forms

Institutional Animal Care and Use Committee

January 01, 2007

Animal contact questionnaire

Northeastern University Institutional Animal Care and Use Committee

Recommended Citation

Northeastern University Institutional Animal Care and Use Committee, "Animal contact questionnaire" (2007). *NU-IACUC Forms.* Paper 1. http://hdl.handle.net/2047/d20003941

This work is available open access, hosted by Northeastern University.

NU - IACUC

Northeastern University Institutional Animal Care and Use Committee

Animal Contact Questionnaire

(To be completed by participant)

Please note: The information contained herein is handled in a confidential manner and is needed on an initial or periodic basis as part of the DLAM's Medical Surveillance Program. Pages 1-2 will be faxed to New England Baptist's Hospital Occupational Medicine Group, 617-754-6453, for medical evaluation and approval. Once approval is received, the participant has medical clearance to work with research animals. Pages 3 & 4 will be provided to the DLAM Administrative Office.

Name: _____ Date: _____

Dept: _____ NU Status (student/grad-student/staff//faculty): circle

Phone #: _____ NU ID Number: _____

P.I. Name: _____ Animal Protocol #: _____

Email: _____

Animal Contact Activities:

1. Identify which animal species you personally work with:

____ Rodents (mice, rats, hamsters, gerbils) ____ Rabbits
____ Birds ____ Other (specify)

2. Identify below the frequency of your direct contact with these animals.

	Daily	1-3 Times/Week	1-3 Times/Month	Infrequently 2-6 Times/Year
Rodents				
Rabbits				
Birds				
Dog				
Cat				
NHP's				
Other (specify)				

3. Will you handle animals directly? Yes No
   Will you only be observing animals? Yes No

4. In what setting will you be working with animals:
   Classroom/Laboratory Yes No
   Research Yes No

Immunization History:

Please complete the following record of immunity.

Tetanus(within the past 10 years) Yes No

Rabies Yes No Date _____(primary) Date _____(Booster)
(Required for working with dogs & cats)

PPD/Mantoux(TB Test) Result_____(mm of induration) Date _____
Provide UHS with chest x-ray report if positive, with documentation if treated. **(Required only if working with non-human primates)**

Hepatitis B (Required of all undergraduate students) Yes No

Allergy History/ and Pertinent Medical Conditions

a. Do you have a history of allergies? Yes No

b. If yes to "a" please list: _____

c. Indicate any current symptoms _____

_____

d. Do you think you are allergic to research animals? Yes No

e. Have you seen a health care provider about your allergies? Yes No

f. Have you experienced while working with animals?
(Please circle all that apply)

Eye tearing/itching	Sneezing	Runny nose
Cough	Chest tightness	Wheezing

g. Do you have or have you developed any medical condition that would compromise your health if you were exposed to animals? Yes No
(Example: chronic lung problems, pregnancy, immunosuppressive therapy, chemotherapy, or HIV infection.).

Participant Signature: _____Date_____

OCCUPATIONAL HEALTH TRAINING ACKNOWLEDGEMENT
FOR EMPLOYEES/STUDENTS WORKING WITH LABORATORY ANIMALS

Name: _____ Date: _____

Dept: _____ NU Status (student/grad-student/staff//faculty): circle

Phone #: _____ NU ID Number: _____

P.I. Name: _____ Animal Protocol #: _____

Email: _____

Northeastern University (NU) requires all employees or students working with laboratory animals, or having substantial exposure to laboratory animals in a research laboratory, animal facility or teaching laboratory to acknowledge the following statements and enroll in the Occupational Health and Safety Program as part of NU's Occupational Health Policy. This acknowledgement constitutes the informed consent of risk assessment associated with laboratory animal contact. The policy requires each person receive basic training on hazards associated with working with research animals and how to protect him or herself. It also requires each participant to read the statements below, ask any questions of a qualified physician or occupational health expert and initial the statement to acknowledge understanding the risk potential and the willingness to comply with the provisions of the policy. The original copy of the questionnaire will be maintained in the DLAM/NU-IACUC Office. These copies of the form will be maintained in conjunction with the PI and the approved copy of each research or teaching protocol. These copies are maintained to ensure that only authorized people work with or are exposed to laboratory animals. As part of the review of each protocol, employees or students will be required to update their Occupational Health Questionnaire with the IACUC and the DLAM Administrative Office every three years. A physician or qualified occupational health expert, the chairman of the NU-IACUC, or the Director of DLAM maintains the right to limit or deny any employee/student's exposure to laboratory animals based upon a pre-existing condition requiring limited or no exposure to laboratory animals or failure to comply with this policy.

1. If you have any known allergy to animals, or have experienced a possible allergic reaction following exposure to an animal in the past, you are required to consult with a physician or occupational health expert before working with or being exposed to laboratory animals on NU premises. In consulting with a physician or occupational health expert, you are required to follow any prescription to protect your health (e.g., wearing protective clothing, wearing a mask, etc.). Your initials following this statement indicates you have read this provision of the policy, understand the intent, have consulted with a physician or occupational health expert and are willing to follow any prescriptive advice to protect your health.
   Initials:_____

2. If you take a prescribed medication regularly for health reasons, you are required to consult with a physician or an occupational health expert prior to working with or being exposed to laboratory animals on NU premises. In consulting with a physician or occupational health

expert, you are required to follow any prescription to protect your health. Your initials following this statement indicates you have read this provision of the policy, understand the intent, have consulted with a physician or occupational health expert and are willing to follow any prescriptive advice to protect your health. Initials:_____

3. NU requires that female employees or students who perform procedures on animals using volatile anesthetic agents or might have secondhand exposure to such agents while in the animal facility discontinue all work with such agents or avoid exposure to such agents if they become pregnant. The Director of DLAM, any principal investigator or any laboratory instructor must be informed by any female employee or student of a pregnancy and is obligated to discontinue any duties or procedures which might cause exposure to volatile anesthetic agents. Your initials following this statement indicates you have read this provision of the policy, understand the intent, have consulted with a physician or occupational health expert and are willing to notify a responsible official of any pregnancy in accordance with this policy. Initials:_____

4. I have received and understand the training on Occupational Health and Safety for working with research animals. Initials:_____

My signature below indicates I have completed the Occupational Health Questionnaire in compliance with the NU Occupational Health Policy and have answered all statements above truthfully and to the best of my ability. I hereby acknowledge that I am informed of common and specific risks associated with activities associated with and exposure to laboratory animals.

Participant Signature: _____Date_____

Signature of Director of DLAM _____

Date _____