

HEALTH SURVEILLANCE PROGRAM FOR VERTEBRATE ANIMAL EXPOSURE (HSPVAE) RISK ASSESSMENT FORM FOR FACULTY/STAFF/OTHER STUDENTS

Before you complete this form, be sure you have completed the required online species-specific training provided by Appalachian State on either the CITI site or the IACUC Community AsULearn site. If you do not have access to the AsULearn site, please send an email to iacuc@appstate.edu with your name, appstate email, your role with live, vertebrate animals, and your faculty adviser's name if you are a student.

This form is mandatory for all faculty and staff (including students who have not paid a student health fee) who will work with live, vertebrate animals covered in Appalachian's Animal Care and Use Program. This form only needs to be completed once to cover all protocols with which you are currently affiliated.

SECTION 1: GENERAL INFORMATION – COMPLETE ALL FIELDS – DO NOT LEAVE BLANKS – PLEASE PRINT OR TYPE

First Name	Last Name	Department
Phone Number	Email	Protocol #(s)

SECTION 2: ANIMAL CONTACT ACTIVITIES

<i>ASU AFFILIATION (Check ALL that apply)</i>	<i>PROCEDURES/WORK ENVIRONMENT (Check ALL that apply)</i>
Faculty	Observation and recording of animals
Graduate Student	Perform animal surgeries
Student not paying Student Health Fee	Handle & hold animals
Animal Facility Employee/Resident	Handle unfixed tissues
Staff	Feed/water & general care of animals
Other	Clean cages/stalls (including change bedding)
Visiting Researcher	Field work (including general outdoor farm work)
<i>Name of host institution:</i>	General building maintenance &/or housekeeping
	Other (<i>Explain</i>):

Note: If you are a visiting researcher, you may be exempt from the ASU HSPVAE if you provide proof of previous health surveillance or enrollment in a similar program from your host institution.

SECTION 3: ANIMAL TYPES & FREQUENCY OF CONTACT

TYPE(S) OF ANIMAL(S)	DC DF WC WF SK ¹	AGENT(S) USED ²	TYPICAL CONTACT FREQUENCY				TYPICAL TIME PER CONTACT (in Hours)
			4-7X/WEEK	1-3X/WEEK	1-3X /MONTH	LESS THAN 12X/YEAR	
Mice &/or Rats							
Rabbits							
Amphibians							
Reptiles							
Fish							
Bats							
Birds/Poultry							
Swine							
Ruminants							
Venomous							
Other (<i>List</i>):							

Notes for table in Section 3, “Animal Types & Frequency of Contact”:

¹ Indicate the applicable conditions under which your contact with the animals occurs:

- DC** = Domestic and Caged or fenced-In
- DF** = Domestic and Free-range in natural habitat (no cage or fencing)
- WC** = Wild animal but Caged or Fenced-In
- WF** = Wild animal, Free-range in natural habitat
- SK** = Sick animals

² Indicate any infectious, radiological, or chemical agents to which the animals you handle are **intentionally** exposed or **known** to be carrying. Include short-acting **anesthetics** (e.g. MS-222, Isoflurane) **only if you will be handling the anesthetic yourself, or handling the animal while anaesthetized.**

SECTION 4: HEALTH HISTORY

Please be sure to discuss your animal work with the occupational healthcare provider. All details of any visit to ASU’s occupational healthcare provider’s office are kept in the provider’s office. Appalachian State University receives only the health provider’s recommendations for your continued safe work with animals.

4.1. Allergy Symptoms:

Do you experience any of these symptoms when you work with or are exposed to animals?	Symptoms	Yes	No	Symptoms	Yes	No
	Watery, burning, itchy eye(s)			Coughing		
	Nasal drip			Chest tightness		
	Sneezing			Rash		
	Wheezing			Hives		
	Shortness of breath			Other/Describe:		
Have you ever been diagnosed or otherwise identified as having any of the following conditions?	Condition	Yes	No	Condition	Yes	No
	Asthma			Positive allergy skin test		
	Allergic rhinitis			Latex product allergy		
	Allergic conjunctivitis			Family history of asthma or allergy		
	Hay fever			Heart valve disease or defect		
	Animal allergy (any kind)			Other/Describe:		

4.2. Symptom Exacerbation: If you marked “yes” to any of the above symptoms or diagnosed conditions, are they made worse when handling the designated research animals or entering the animal research area?

- Yes No Don’t know/Choose not to answer.

4.3. Other Health Conditions: Do you have, or anticipate having, any condition that the occupational healthcare provider should be made aware of that could affect your ability to perform your research duties without risk of illness or harm? Examples of such conditions include, but are not limited to: pregnancy, asthma, COPD, organ transplant, cancer treatment, cystic fibrosis, type 1 diabetes, lupus, HIV infection.

- Yes No Don’t know/Choose not to answer

4.4. Other Concerns: Do you have any health or workplace concerns not covered by this questionnaire that you would like to discuss confidentially with the occupational healthcare provider?

- Yes No Don’t know/Choose not to answer

SECTION 5: IMMUNIZATIONS AND SCREENINGS

- Tetanus immunization is highly recommended for all individuals with animal contact. A booster shot is needed if it has been 10 or more years since the previous tetanus immunizations.
- Employees who work with human or primate blood, unfixed tissues cell lines or stock; or any material subject to the [OHS Bloodborne Pathogens Standard](#) shall be enrolled in the [University's Exposure Control Program](#).
- Rabies immunization or proof of titer is recommended for individuals who work with ferrets or may be exposed to bats, canines, raccoons, opossums, or squirrels.

Please Indicate Your Vaccination Status:	
Have you had the tetanus vaccine? List date of last tetanus vaccine.	Month: _____/year: _____ <i>(Please provide proof of vaccination date)</i>
Have you had a rabies vaccine? List date of last rabies vaccine.	Month: _____/year: _____ Titer date/result: _____ <i>(Please provide proof of vaccination & titer dates)</i>

5.1. OTHER

Please list any additional information that you think could be useful in this occupational risk assessment.

5.2. HEALTH ISSUES ALREADY ADDRESSED

The HSPVAE does not want to inconvenience participants by requesting they have an in-person health evaluation for conditions which the participants have already addressed. Therefore, please list which, if any, of the conditions listed in Sections 4 and 5 are already being addressed satisfactorily with your personal healthcare provider.

SECTION 6: NEXT STEPS

6.1. Sign on the next page and scan & email the completed and signed form to iacuc@appstate.edu.

6.2. Research Protections will send forms to the Appalachian District Health Department (ADHD). ADHD will share their recommendations, which may include additional training, follow up, or additional evaluations, with Environmental Health, Safety & Emergency Management (EHS&EM). EHS&EM will notify you of any recommendations. It is your responsibility to follow these recommendations so that future protocols can be approved.

6.3. Appalachian's EHS&EM Office will keep copies of the occupational healthcare provider's clearance, and any required training records. The Health Assessment Form itself is not kept on file by anyone at Appalachian, only the healthcare provider's clearance (see next page).

6.4. You may choose to use your own private healthcare provider to conduct this assessment and/or any recommended follow-up actions. Please note that this would be done at your own expense, and you are responsible for meeting with your PHP to review the form and ensuring that the last page is completed, signed by your health care provider, and given to EHS & EM for filing. You will not be cleared to work with live vertebrate animals until your clearance is on file with EHS & EM.

By signing below, I give permission to the Occupational Health Care Provider to review this form and send a signed copy of the completed last page to Appalachian's Environmental Health Safety & Emergency Management office to file as evidence that my

potential health risks for working with live, vertebrate animals have been assessed. I understand if my health status changes while working with live, vertebrate animals at Appalachian State University, that I should conduct another health risk assessment.

Printed name

Signature

Date

ASU HSPVAE HEALTHCARE PROVIDER CLEARANCE FORM

*****This Form to be Completed by Occupational Health Care Provider*****

I have reviewed _____'s RISK ASSESSMENT FORM FOR THE ASU **HEALTH SURVEILLANCE PROGRAM FOR VERTEBRATE ANIMAL EXPOSURE** , and determined the following:

- Individual is cleared for working with animals listed on this form.
- Individual requires airborne allergen mitigation (please circle: PPE, N95 mask/respirator).
- Individual requires specific training: _____
(list)
- Individual requires vaccinations: _____
(list)
- Individual requires booster (circle: rabies / tetanus) on or before: _____.
- Individual requires an in-person visit for further assessment. (list any assessment comments below).
- Other: _____
(list)

By signing below, I confirmed that I have reviewed this form and made recommendations. This does not constitute a legal attestation that the individual listed above is without risk of exposure to vertebrate animals.

(signature and title) (date)

*Please complete this page and send the **signed original** to:*

*Appalachian State University's Environmental Health and Safety & Emergency Management Office, 262-6120.
U.S. Postal address: Clayton Pennell, ASU Environmental, Health, Safety & Emergency Management Office, P.O. Box 32112, Boone, NC, 28608.*

Follow-Up Section (if applicable)

Follow-up review comments:

By signing below, I confirm that I have reviewed this form and the concerns noted above have been addressed. This does not constitute a legal attestation that the individual listed above is without risk of exposure to vertebrate animals.

(signature and title) (date)