

# STUDENT HEALTH SURVEILLANCE/RISK ASSESSMENT FORM FOR VERTEBRATE ANIMAL EXPOSURE

Before you complete this form, you must complete the required online species-specific training on the IACUC Community ASU Learn site. If you do not have access to this site, please send an email to [IACUC@AppState.edu](mailto:IACUC@AppState.edu) with your name, appstate email, your role with live, vertebrate animals (and associated protocol #), and your faculty advisor's name, or call 262-2901.

All students who will work with live, vertebrate animals at Appalachian must complete a Risk Assessment Form. Please use this form if you have paid the Student Health Fee, and the form for Faculty/Staff/Other Students if you have not paid the Student Health Fee. You only need to complete a Risk Assessment Form once to cover all protocols with animals, unless your health changes.

**You are responsible for completing all personal information and documenting the date of any tetanus or rabies immunizations. Once complete, email this form to [IACUC@AppState.edu](mailto:IACUC@AppState.edu). The Office of Research Protections will send all forms to the Student Health Service staff for evaluation. If additional medical care is needed, this will be communicated to you and The Office of Research Protections.**

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

Legal First Name	Legal Middle Name	Legal Last Name
Registered Name at Appalachian (if different than legal name)		Banner ID
Phone Number	ASU User Name	Date of Birth

## SECTION 2: ANIMAL CONTACT ACTIVITIES

<b>ASU AFFILIATION</b> (Check ALL that apply)		<b>PROCEDURES/WORK ENVIRONMENT</b> (Check ALL that apply)	
		Observation and recording of animals	
Graduate Student		Perform animal surgeries	
Undergraduate Student		Handle & hold animals	
Animal Facility Employee		Handle unfixed tissues	
Student Volunteer		Feed/water & general care of animals	
Other (describe):		Clean cages/stalls (including change bedding)	
		Field work (including general outdoor farm work)	
		General building maintenance &/or housekeeping	
		Other (Explain):	

## SECTION 3: ANIMAL TYPES & FREQUENCY OF CONTACT

TYPE(S) OF ANIMAL(S)	DC DF WC WF SK <sup>1</sup>	AGENT(S) USED <sup>2</sup>	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							

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Opossum						
Venomous						
Primates						
Other ( <i>List</i> ):						

**Notes for table in Section 3, "Animal Types & Frequency of Contact":**

<sup>1</sup> 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

<sup>2</sup> 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**

*All details of any visit to Student Health Services are confidential.*

**4.1. Allergy Symptoms:**

<b>Do you experience any of these symptoms when you work with or are exposed to animals?</b>	<b>Symptoms</b>	<b>Yes</b>	<b>No</b>	<b>Symptoms</b>	<b>Yes</b>	<b>No</b>
	Watery, burning, itchy eye(s)			Coughing		
	Nasal drip			Chest tightness		
	Sneezing			Rash		
	Wheezing			Hives		
	Shortness of breath			Other/Describe:		
<b>Have you ever been diagnosed or otherwise identified as having any of the following conditions?</b>	<b>Condition</b>	<b>Yes</b>	<b>No</b>	<b>Condition</b>	<b>Yes</b>	<b>No</b>
	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, or immunosuppression (natural or medicine-induced).

- Yes       No       Don't know       Choose not to answer

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**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 Student Health Services?

- Yes
  No
  Don't know
  Choose not to answer

## SECTION 5: IMMUNIZATIONS AND SCREENINGS

- This form **does not require** that you get the tetanus or rabies immunization.
- 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.
- Students who work with human or primate blood, unfixed tissues cell lines or stock; or any material subject to the [OSHA Bloodborne Pathogens Standard](#) may be enrolled in the [University's Exposure Control Program](#) at recommendation of SHS.
- 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.

<b>Please Indicate Your Vaccination Status:</b>	
Have you had the tetanus vaccine? List date of last tetanus vaccine.	Month: _____/year: _____
Have you had a rabies vaccine? List date of last rabies vaccine.	Month: _____/year: _____ Titer date/result: _____

### 5.1. OTHER

Please list any additional information that you think could be useful in this health risk assessment:

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## SECTION 6: NEXT STEPS

6.1. Sign below and send completed/signed form to: [IACUC@appstate.edu](mailto:IACUC@appstate.edu)

6.2. Research Protections will send forms to Student Health Services (SHS) for review. SHS 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 their recommendations.

6.3. If your health changes, you should complete another health risk assessment and follow up with SHS or your personal health care provider, as needed.

6.4. Appalachian's EHS &EM office will keep copies of your completed clearance form, and any required training records.

*By signing below, I give permission to the Office of Research Protections, EHS & EM office, and Student Health Services, to confidentially maintain a copy of this signed form. I understand if my health status changes while working with live, vertebrate animals at Appalachian State University, that I will need another health risk assessment.*

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**\*\*\*\*\*This Section to be Completed by Student Health Services\*\*\*\*\***

I have reviewed \_\_\_\_\_'s **HEALTH**  
(name of student)

**SURVEILLANCE/RISK ASSESSMENT FORM 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
- Other: \_\_\_\_\_  
(list)

By signing below, I confirm 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*  
*Intercampus mail address: Clayton Pennell, EHS&EM, Edwin Duncan, Room 322-A.*  
*U.S. Postal address: Clayton Pennell, ASU EHS&EM 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)