



OCCUPATIONAL HEALTH AND SAFETY PROGRAM FOR ANIMAL USERS
Occupational Health and Safety Enrollment Form

Exposure to research and teaching animals create potential risks such as allergic reactions, scratches, bites, and zoonosis. The Occupational Health and Safety Program (OHSP) at UMass Boston aims to identify risks, implement safety controls, and provide training to ensure a safe and healthy work environment for personnel having direct or indirect contact with research and teaching animals.

The purpose of this form is to establish a baseline medical history to provide preventative services and/or to direct faculty, staff, and students to the appropriate care. If you choose to not follow precautions recommended, the IACUC may withdraw its approval for your proposed work with animals.

This questionnaire requires that you provide personal health information that is protected by university policy and State and Federal law. Your information will be used or disclosed in accordance with those policies and laws only to the minimal extent necessary for your treatment or business operations.

If you have any questions while completing this form, please call the Office of Research and Sponsored Programs at 617-287-6256 or email iacuc@umb.edu.

Section 1: General Information

_____ Sex: M F _____
Employee Name **Date of Birth (mm/dd/yy)** **Last 4 # of SSN**

_____ **Address** _____ **Phone Number**

_____ **Email Address** _____ **Employee/Student ID Number**

_____ **College/ Department** _____ **Supervisor**

1. In what setting will you be working with animals?

Animal Facility Fieldwork Other If other: _____

What species will you be working with?

Axolotl <input type="checkbox"/>	Mice <input type="checkbox"/>	Turtles <input type="checkbox"/>	
Frogs <input type="checkbox"/>	Rats <input type="checkbox"/>	Zebrafish <input type="checkbox"/>	
Lizards <input type="checkbox"/>	Salamanders <input type="checkbox"/>	Other <input type="checkbox"/>	If other: _____

Section 2: Immunization History

2. Have you ever had any of the following immunizations?

	No	Yes	Year
Hepatitis B Vaccine			
Rabies Titer			
Rabies Vaccine			
Tetanus			
Tuberculin Skin Test			

Section 3: Personal Health History

3. Do you now or have you ever had any of the following medical conditions?

	No	Yes		No	Yes
Cancer			Liver Disease		
Cystic Fibrosis			Loss of Consciousness		
Diabetes			Pneumonia		
Emphysema			Recurrent Bronchitis		
Heart Disease			Rheumatic		
Heart Murmur			Tuberculosis		
Kidney Disease					

If yes, please explain.

4. Have you been told by a physician that you have an immune compromising medical condition or are you taking medications that impair your immune system (steroids, immunosuppressive drugs, or chemotherapy)?

No Yes

If you answered yes, please explain:

5. For women: Because some animal-borne infections can affect fetal outcome, are you pregnant, or planning to become pregnant in the next two years?

No Yes

6. Are you allergic to any animals or have any other known allergies?

No Yes

If yes, list the animal or item that cause your symptoms, symptoms that occur when you are suffering from your allergies and the treatment(s) you receive to relieve your allergies:

7. Do you have skin problems (e.g. reactions to latex gloves, dry cracked skin, rashes) related to work?

No Yes

8. Do you experience shortness of breath at work?

No Yes

If you answered yes, please explain:

9. Is there a family history of hay fever, asthma, allergic skin problems or eczema?

No Yes

10. Do you want to talk to a medical provider concerning laboratory/client animal hazards or regarding this form?

No Yes

By signing below, I acknowledge the above information to be true and accurate.

Signature

Date

Submission Instructions

Cambridge Health Alliance (CHA) is contracted by UMass Boston to provide medical services as part of the OHSP. Your medical records will be maintained by CHA on behalf of UMass Boston. You will be contacted only if your animal exposure and/or your health status indicate you need to take special precautions.

Submit by email to:

Mailto: wgreene@challiance.org

Subject: UMass Boston OHSP

Submit by fax to:

617-591-4693

Attention to: Bill Greene

Subject: UMass Boston OHSP

Submit by mail to:

Cambridge Health Alliance

Occupational Health Services

Attn: Bill Greene Re: UMass Boston OHSP

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