

**ANIMAL HANDLER HEALTH SURVEILLANCE PROGRAM
RISK ASSESSMENT AND HISTORY FORM (RAHF)**

Completion of this RAHF is mandatory for all Tulane University personnel (employees and students) who have contact or exposure to animals or animal tissues in conjunction with education or research. The information provided will be considered **confidential** and will be treated accordingly. Please contact the **Office of Environmental Health and Safety (OEHS)** at 988-5486 if you have any questions.

ALL INFORMATION MUST BE PROVIDED--DO NOT LEAVE BLANKS--PLEASE PRINT

Name	Date of Birth	Email
Principal Investigator/Supervisor/Professor	PI/Supervisor/Professor Phone	PI/Supervisor/Professor Email
Campus	Department	Splash ID

Tulane affiliation (Check all that apply)

<input type="checkbox"/> Faculty Member	<input type="checkbox"/> Vivarial Employee	<input type="checkbox"/> Research Technician	<input type="checkbox"/> Staff (non-technical)	<input type="checkbox"/> Undergraduate Student	<input type="checkbox"/> Graduate Student
<input type="checkbox"/> Other (NOT Tulane student or employee) PLEASE EXPLAIN:					

Describe how your position involves contact or exposure to animals and/or their tissues, body fluids, or wastes:

Location of animal contact: Campus: _____ Building: _____ Room/Area: _____

DESIGNATIONS (Check all that apply by indicating CLASS, then FREQUENCY OF CONTACT. Mark only those classes applicable to those animals to be used)

Class A <input type="checkbox"/>	I anticipate contact with rodents and/or their tissues, body fluids, or wastes. Frequency of Contact: 1-3 times/day <input type="checkbox"/> 1-3 times/week <input type="checkbox"/> Less often <input type="checkbox"/>
Class B <input type="checkbox"/>	I anticipate contact with pigs, rabbits, dogs, cats, ruminants (sheep, goats), ferrets, and/or their tissues, body fluids, or wastes. Frequency of Contact: 1-3 times/day <input type="checkbox"/> 1-3 times/week <input type="checkbox"/> Less often <input type="checkbox"/>
Class C <input type="checkbox"/>	I anticipate contact with non-human primates and/or their tissues, bodily fluids, or wastes. Frequency of Contact: 1-3 times/day <input type="checkbox"/> 1-3 times/week <input type="checkbox"/> Less often <input type="checkbox"/>
Class D <input type="checkbox"/>	I anticipate contact with animals not covered under Class A, B, or C, or animals and/or tissues from animals experimentally infected with human pathogens. Frequency of Contact: 1-3 times/day <input type="checkbox"/> 1-3 times/week <input type="checkbox"/> Less often <input type="checkbox"/> List species of animal: _____ List human pathogen: _____ <i>Because pathogens used experimentally cannot be anticipated in a general program description, specific health surveillance requirements will be formulated on a case by case basis.</i>

HISTORY

Do you experience any of these symptoms when you work with or are exposed to animals?	Symptom		Yes	No	Symptom		Yes	No
		Watery, burning, itchy eye(s)				Coughing		
	Nasal dripping				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:			

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 areas? Yes No DO NOT KNOW

Are you taking any medications that suppress your immune system, such as Prednisone or Azathioprine? YES NO
(If yes, please discuss animal work with your healthcare provider.)

When were you last vaccinated or tested for the following?
Have you had the tetanus vaccine? Yes ___ No ___ If yes, month: _____/ year: _____
Have you had the rabies vaccine? Yes ___ No ___ If yes, month: _____/ year: _____
Titer date/result: _____

Do you have any health or workplace concerns not covered by this questionnaire that you would like to discuss confidentially with the Occupational Medicine Nurse or other licensed healthcare provider (e.g., questions regarding immunity or medical conditions)?
Yes ___ No ___

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.
- The Hepatitis B vaccination is required to be offered to individuals who work with animals/animal tissues that are known to be genetically altered with human or non-human primate genes or tissues that are known to carry the hepatitis B virus (HBV). Refusal to accept the vaccine must be provided in writing.
- Semi-annual tuberculosis (TB) screening is required for individuals who handle non-human primates (Class C) or those who are working with animals or tissue infected with *Mycobacterium* species.
- Rabies immunization or proof of titer is recommended for individuals who work with dogs, cats, or ferrets. (Class B)

ACKNOWLEDGMENT

I have completed this Risk Assessment and History Form and have answered all questions truthfully and to the best of my recollection. I realize that contact with animals may result in exposure to various animal allergens. These allergens may cause allergic reactions despite the use of engineering and work practice controls and personal protective equipment.

Signature

Date

DISTRIBUTION: Individuals are advised to keep a copy of this RAHF for their files

PLEASE SUBMIT THIS FORM ELECTRONICALLY TO oehsrahf@tulane.edu or return the original completed form to:

(For personnel Uptown and Downtown)
Pam Fatland
Office of Environmental Health and Safety
Tulane University
Campus Mail: #8480
(504) 988-2800

(For personnel at TNPRC - Primate Center)
Occupational Health Nurse
Tulane National Primate Research Center
Campus Mail: SL 20
(504) 862-8040 ext. 6596
(985) 871-6596

FOR OFFICE USE ONLY:

REVIEWED BY	DATE	FOLLOW UP NEEDED?	FOLLOW UP PERFORMED BY	DATE OF FOLLOW UP	OTHER