

Occupational Health and Safety Evaluation Instructions

This is a three-part form: (1) Animal Job Exposure, (2) Animal Use Risk Assessment, and (3) Confidential Medical History

Instructions for submitting form:

1. Download a copy of this form. Contact your PI to set-up a time to review the (1) Animal Job Exposure and (2) Animal Use Risk Assessment sections of the form.
2. In consultation with your PI, review and complete the (1) Animal Job Exposure and (2) Animal Use Risk Assessment sections.
3. Complete the (3) Confidential Medical History section. Attach additional sheets as necessary for any medical conditions that were not captured on this form.

*****Note this section should be completed on your own.*****

5. Due to COVID restrictions, the IACUC Office is not handling the delivery of OHS forms at this time. Mail the form directly to the OHS Physician at the Sansum Clinic for Occupational Medicine.

Mailing Address: Cardy Romero, MD
Sansum Clinic UCSB OHS Physician
101 South Patterson Ave.
Santa Barbara, CA 93111

*****Note the IACUC cannot accept electronic versions of this form. Forms must be in a sealed envelope.*****

Instructions following review by the Occupational Health and Safety Physician:

1. There are four possible outcomes of review by the OHS Physician: (1) Cleared for Participation, (2) Cleared for Participation with Recommendations, (3) Not Cleared, and (4) Required Physical Examination. If you received a clearance notice that includes follow-up items, such as a recommendation, these items **must be resolved** before receiving final clearance for working with animals.
2. If you are (1) Cleared for Participation, you and your PI will be notified by the IACUC Coordinator.
3. If you are (2) Cleared for Participation with Recommendations, the IACUC Coordinator will contact you and your PI regarding these recommendations. Most common recommendations include immunizations (e.g., tetanus) or enrollment in the EH&S Respiratory Protection Program:
 - If a vaccination has been recommended, a vaccination verification/waiver form will be sent to the animal users and PI. This form **MUST** be completed and returned to the IACUC Office before the animal user can be cleared for working with animals.
 - If enrolling in the Respirator Protection Program has been recommended, the Coordinator will put the animal user in contact with the personnel responsible for administering the program.
4. If you are (3) Not Cleared, contact the IACUC Coordinator.
5. If you (4) Require a Physical Examination before clearance, you may obtain a physical examination from your primary care physician (or physician of choice) or schedule an appointment with the Occupational Health and Safety Physician.

*****Note the IACUC Office does not reimburse for physical exams or recommended vaccinations.*****

Once all requirements have been completed, the IACUC Coordinator will send the animal user and their PI an email letting them know they are cleared for working with animals.

Occupational Health and Safety Evaluation Procedures and Exposure to Animals

*****IMPORTANT: Place a copy of the completed form in an envelope, seal it and send it to Sansum Clinic.*****

*****Be sure all information is written legibly on this form and to consult with your PI where indicated.*****

*****The IACUC cannot accept electronic versions of this form.*****

Participant Information

Name (Last, First)

Phone

Address

E-mail Address

City

State

Zip Code

Gender

Birth Date

Age

Participant Status (e.g. PI, undergrad, postdoc, etc.)

Protocol Information

List the number(s) of all protocols you will be working on and the corresponding PI name(s).

**Animal Use
Location(s)**

On-campus vivarium or animal holding facility

Fieldwork, Location(s):

**Species Used
(Check all that apply)**

Mice

Fish

Rabbits

Guinea Pigs

Cattle

Rats

Birds

Amphibians

Reptiles

Sheep

Wild Animal(s), species/taxa:

Job Exposure Description

Select from the drop down menu which procedures will be performed on animals and with what frequency (i.e. never, monthly, weekly or daily). This section should be filled out with guidance from your PI.

Husbandry Blood/Tissue Collection Euthanasia

Anesthesia Injections Hazard Administration

Surgery Trapping Wildlife Animal Transport

Behavioral Testing Tagging Wildlife Noninvasive Sampling

Other:
(List)

Animal Use Risk Assessment

The information in this section should correspond to the hazards questions on the approved animal protocol(s). It should be filled out with guidance from your PI.

Do the animals used in the protocol(s) pose a special (e.g. venomous or aggressive animals) health risk to humans? If "yes", then describe the hazard below and how it will be mitigated. Yes No

Do any of your animal procedures require the administration of infectious microorganisms? If "yes", then identify the biohazardous agent and where it will be used (e.g. vivarium or lab). Yes No

Do any of your animal procedures require the administration or transplantation of tissues, cells, biological fluids, or recombinant or synthetic nucleic acids into animals? If "yes", then identify the material, its origin (human or animal), and where it will be used (e.g. vivarium or lab). Yes No

Do any of your animal procedures require the use of chemical hazards? If "yes", then identify the chemical hazard and where it will be used (e.g. vivarium, lab, field location). Yes No

Do any of your animal procedures require the use of radioactive materials? If "yes", then identify the radioisotope and where it will be used (e.g. vivarium or lab). Yes No

Do any of your animal procedures require the use of anesthetic gases (i.e. isoflurane)? If "yes", then identify the anesthetic gas and where it will be used (e.g. vivarium, lab, field location). Yes No

Do any of your animal procedures require the use of other hazards (i.e. LASER)? If "yes", then identify the hazard and where it will be used (e.g. vivarium, lab). Yes No

Do you work with animals in the field or outdoor environments? If "yes", then identify the relevant zoonotic, or endemic disease(s) and associated safety issues that apply to your use of animals in the field. Yes No

If you are traveling outside the United States, have you consulted with a Travel Doctor? Yes No

Confidential Medical History

*****All medical information will be kept confidential*****

Fill out the information below and attach additional sheets, if necessary, for any medical conditions that were not captured on this form.

Allergy History

Have you experienced any of the following symptoms within the past year?

- Chronic Allergies (food, pollen, dust, animal dander, etc.) Itchy, irritated eyes
 Chronic Cough Asthma Hay Fever Skin Rash Eczema

Known allergies? Check all that apply. **No known allergies**

- Mice Birds Primates Bees Dust
 Rats Rabbits Cattle/Horses Shellfish Trees/Wood
 Cats Guinea Pigs Sheep/Goats Penicillin Plants/Grasses
 Dogs Hamsters Swine Latex Gloves Metals

Other, List:

List any allergies to medications below:

Immunizations

If over 10 years or unknown, a Tetanus Booster is strongly recommended.

Tetanus Booster Within last 10 years Over 10 years ago

If working with wild mammals, a Rabies Vaccination is strongly recommended.

Rabies Vaccine Within last 3 years Over 3 years ago N/A

Other Medical Information

Do you have any existing medical conditions? (e.g diabetes, hypertension, serious lung, heart, renal or liver disease)

Yes, explain below No

Are you currently taking any medications?

Yes, list below: No

Do you have any immune system deficiencies that would limit your ability to fight off disease?

If yes, attach additional information No

For women, are you pregnant or planning to become pregnant in the next year?

Yes No