

**For use by off-campus healthcare providers only**



**Program of Animal Care and Use  
Occupational Health & Safety  
Animal Use Occupational Health Questionnaire**

## **Information for Healthcare Providers Conducting Animal Use Health Evaluation**

As an institution receiving federal funding for research, Texas State University complies with the [Public Health Service \(PHS\) Policy on Humane Care and Use of Laboratory Animals](#). To meet the requirement of the PHS Policy, and as a condition of its federal Animal Welfare Assurance, the University must include specific Occupational Health and Safety (OHS) components — applicable to all faculty, staff, and students involved in the care and use of animals — in its program of animal care and use.

As part of the assessment and mitigation of potential risks involved in research with animals, all research personnel are required to have, at a minimum:

- **health evaluation**
- **opportunity to receive a tetanus vaccine or other immunizations relative to animal use**

(As a condition of protocol approval — or at the discretion of the healthcare provider conducting the health evaluation — additional immunizations may be required for personnel on some animal use protocols.)

1. Please use the **animal use Occupational Health Questionnaire** to evaluate the individual's health and medical history.
2. Information about the individual's current or planned involvement with animals is provided on the attached copy of their **Enrollment Assessment**.
3. Administer required immunizations or review provided documentation of current immunization status
4. Complete and sign the attached **Animal Use Health Exam / Immunization Certification** and return it to the individual.

If you require additional information or assistance, please contact the Office of Research Integrity & Compliance:

[Maria Reaves](#), IACUC Compliance Specialist • 512-245-2314  
[Kaitlenn Ledford](#), Compliance Coordinator • 512-245-4524

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Last Name: \_\_\_\_\_ First Name \_\_\_\_\_



## Program of Animal Care and Use Occupational Health & Safety

### Animal Use Occupational Health Questionnaire

1. Y  N  Do you have allergies (sneezing spells, runny or stuffy nose, watery or itchy eyes, coughing, wheezing, shortness of breath, or skin rash or hives) after exposure to animals or their cages/bedding?  
If Yes, how often? \_\_\_\_\_ To which animals? \_\_\_\_\_
2. Y  N  Do you have a personal or family history of asthma, asthma-like symptoms, hay fever or eczema?  
If Yes, which symptoms? \_\_\_\_\_  
What cause? \_\_\_\_\_
3. Y  N  Will you be subjected to noise exposure exceeding 85 decibels on a regular basis (for example, communication within 2 feet would require shouting)?  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
4. Y  N  Will you be working with or have exposure to biohazards, chemical hazards, or radiation/radioactive material during the course of your work?  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
5. Y  N  Are you immunosuppressed, post-splenectomy or taking immunosuppressant drugs?  
Please explain and list drugs: \_\_\_\_\_  
\_\_\_\_\_
6. Y  N  Do you have any disabilities/limitations which would affect your ability to perform work duties (bend, lift, carry, walk, read, talk)?  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
7. Y  N  Do you have any health or workplace concerns not covered by this questionnaire that you feel may affect your health and would like to confidentially discuss with a health care professional?  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

I have completed the questions on the Occupational Health Questionnaire truthfully and to the best of my knowledge. I have had an opportunity to discuss the information with my medical provider.

Patient: \_\_\_\_\_ (Date) \_\_\_\_\_  
(Signature)

Medical Provider: \_\_\_\_\_ (Date) \_\_\_\_\_  
(Signature)

**After your health provider completes and signs certification,  
return this page only to Compliance Office**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_



**Program of Animal Care and Use  
Occupational Health & Safety**

**Animal Use Health Exam/Immunization Certification**

**Immunization Record:**

Tetanus (Tdap) immunization has been administered Date: \_\_\_\_\_

Documentation of current Tetanus immunization has been provided.

Individual declined to receive a Tetanus immunization.

Other immunizations:

_____	<input type="checkbox"/> Administered Date: _____	<input type="checkbox"/> Documentation provided
_____	<input type="checkbox"/> Administered Date: _____	<input type="checkbox"/> Documentation provided
_____	<input type="checkbox"/> Administered Date: _____	<input type="checkbox"/> Documentation provided

**Medical Provider Certification:**

I have reviewed the individual's Occupational Health Questionnaire, potential animal exposure, and immunization record. Based on this information, I have the following recommendation:

The individual is cleared to work with animals.

The individual is not cleared to work with animals.

The individual has indicated that they are no longer working with/around animals.

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Print Medical Provider Name)

\_\_\_\_\_  
(Medical Provider Signature & Credentials)

\_\_\_\_\_  
(Date)