

UNIVERSITY OF TEXAS @ AUSTIN
LABORATORY ANIMAL OCCUPATIONAL HEALTH & SAFETY (LAOHP)
ANNUAL UPDATE FORM FOR HIGH-RISK SPECIES EXPOSURE

Name: _____ **UTEID:** _____ **PI:** _____

Email: _____ **Faculty () Staff () Student () Other ()** _____

- 1. Has there been a significant change in your health since you last turned in a health survey? If yes, describe:**

- 2. Are you taking any new prescribed medicines? Explain:**

- 3. Have you seen a healthcare provider during the past year? If yes, describe where and why:**

- 4. Have you been hospitalized or had surgery since you last turned in a health survey? If yes, describe where and why:**

- 5. Have you had any animal related injuries during the past year? Explain:**

- 6. Any changes in the following:**
 Skin (eczema, allergies):

 Respiratory (allergies, asthma):

- 7. List all animal species you work with and number of contact hours per week:**

- 8. When was your last Tuberculosis test and/or Rabies Titer? (Please provide current immunization record)**

- 9. Has your exposure to radiation/biohazardous agents changed? Explain:**

(OVER)

10. Are you currently working with any of the following in conjunction with animal-specific projects:

- A. **Biological Agents**
- 1. **Recombinant DNA** []Yes []No
 - 2. **Infections Agents (including recombinant viral vectors)** []Yes []No
 - 3. **Biological toxins** []Yes []No

Some examples at UT include E. Coli, V. cholera, Salmonella, Adenovirus, Influenza virus, cholera toxin, retroviral/lentiviral vectors, Adeno-associated virus, MMTV, LPS

B. **Human Blood, Tissue, or Cells** []Yes []No

- C. **Physical Hazards**
- 1. **Caustic or flammable chemicals** []Yes []No
 - 2. **Noise** []Yes []No
 - 3. **Radiation-producing devices** []Yes []No
 - 4. **Radioisotopes** []Yes []No
 - 5. **Lasers** []Yes []No

- D. **Chemical Agents**
- 1. **Anesthetic gases** []Yes []No
 - 2. **Anti-neoplastic drugs** []Yes []No
 - 3. **Reproductive hazards/Teratogens** []Yes []No
 - 4. **Heavy metals** []Yes []No
 - 5. **Chemical carcinogens** []Yes []No
 - 6. **Other toxic chemicals** []Yes []No

Some examples at UT include isoflurane, halothane, cyclophosphamide, DMBA, ENU, BRDU, formaldehyde, glutaraldehyde, methyl mercury, PCBs

E. **If the answer to any of the questions above was yes, provide a list of the agents or hazards in the box below.**

10. **If there are no significant changes in your animal contact or hazard exposure, a visit with the occupational health nurse may not be indicated. However, if you have questions or concerns and would like to have an appointment regardless, you may ask for one. Would you like to request a nurse appointment?**
[]Yes []No

11. **I understand that my recurrent animal contact or exposure may be a health risk and it is recommended that I participate in the LAOHP program. I also understand that there are health risks associated with not undergoing the health risk assessment. In full recognition of the above:**
() **I ACCEPT participation in the health assessment and the LAOHP.**
OR
() **I DECLINE participation in the health assessment and the LAOHP.**
(PLEASE NOTE: You cannot decline required TB screening)

Signature: _____

Date: _____

OH&S Reviewer: _____

Date: _____