

The University of Texas at Tyler

Occupational Health Program Form for Employees, Students and Other Personnel with Animal Exposure

Last Name First Name Middle Name

Department _____ Supervisor _____

Job Title _____ Work Phone _____ Cell Phone _____ E-Mail _____

Campus Bldg./Office Location _____ Room # _____

As part of your work, you will have direct contact with animals, animal tissues or animals waste, and / or regular entry into the Vivarium. During this work, you may be at risk due to the following:

Hazardous chemicals, animal blood, cells, or tissues, infectious agents (organisms given to animals during experiments or zoonotic organisms), anesthetic gases, animal waste (carcasses, feces, urine), needles, scalpels, other sharps, bites and scratches, allergens (dander, fur, etc.)

For outdoor activities: You may come into contact with bees, wasps, mosquitos, ticks, chiggers, venomous snakes (e.g., cottonmouth, copperheads, timber rattle snakes, pygmy rattlesnakes, & coral snakes), poisonous plants (poison ivy, poison oak, or poisonous sumac), and plants with spines, briars, or others that may cause irritation or scratches. When working in the campus ponds, you may encounter fish (of variety of species), macroinvertebrates (dragonflies, damselflies, worms, or leeches).

*During work with fish, you may be at risk due to the following: hazardous chemicals and drugs, neurotoxins that can kill neurons (6-OHDA), neuromodulating drugs (acetylcholine modulators, nicotine), mutagens (carcinogens like ethidium bromide), infectious agents (zoonotic organisms occurring in fish water include:) members of the genus Mycobacterium, Aeromonas spp., other bacteria and protozoa.
Allergens (Human sensitivity to fish proteins in the laboratory setting is rare. It remains possible, however, to become sensitized to fish proteins through inhalation or skin contact.)*

Acknowledgement and Requirement Statement – Please read and check items as appropriate prior to signing and dating the form below:

_____ I have reviewed the information concerning the risks associated with working with animals in this document. I understand that my recurring animal contact or exposure to biological, chemical, or physical hazards may have a health risk exposure, and I am advised to have a health assessment. I also understand that accepting the health assessment is mandatory.

_____ I understand that tests (such as respirator clearance and fit testing) or immunizations for my job function/area may be mandatory for full participation in the OHP and that proof of test or immunizations may be needed to meet program requirements.

In full recognition of the above statements, I will complete the medical history questionnaire and submit with this form directly to occhealth@uthct.edu.

I have read, understood, and answered all parts of this form truthfully, and to the best of my ability and knowledge.

Signature

Date

For health care provider only.

I certify that the above listed individual is able to engage in activities involving animals.

Signature

Date