# Name: Click or tap here to enter text. Today’s Date: Click or tap here to enter text.

**Occupational Health and Safety Program Enrollment Packet**

**For Personnel Working with Animals**

The Aga Khan University operates an Occupational Health & Safety Program (OHSP). Participation in this program is **mandatory** for all personnel with animals utilized in teaching, research, and testing. Program participants include facility services personnel, animal caretakers, principal investigators, scientific technical staff, graduate students, student workers, and post- doctoral and visiting scientists.

The Biosafety Manager will be notified regarding the participant’s completion of the program requirements and will notify the participant of the status. Please contact the ECACU office via email (ecacu@aku.edu) to request detailed information.

# Occupational Health and Safety Program Enrollment Risk Assessment Screening Questionnaire

Information in this questionnaire is confidential. You are being asked to complete this questionnaire to help us evaluate risks to your health from exposure to animals and biohazards while at work. After reviewing your responses to this questionnaire, Biosafety Manager will notify the ECACU regarding the participant’s completion of the program.

If your health status changes at any time, please notify your supervisor and complete a new questionnaire.

## Date Form Completed: Click or tap here to enter text.

Have you previously completed this assessment questionnaire? [ ]  Yes [ ]  No

If yes, has any of the information changed since your last submission? [ ]  Yes [ ]  No

If yes, please explain: Click or tap here to enter text.

## Section 1

|  |  |
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| Name: Click or tap here to enter text. | AKU ID, as applicable: Click or tap here to enter text. |
| Job Title/Dept. Name: Click or tap here to enter text. | DOB: Click or tap here to enter text. |
| Email: Click or tap here to enter text. | Phone Number: Click or tap here to enter text. |
| PI/Supervisor: Click or tap here to enter text. | Protocol Number, if any:Click or tap here to enter text. |
| If you are assigned to a project on animals, have you discussed the risks with the project lead? [ ]  Yes [ ]  NoThe project plan/proposal is attached [ ] Yes [ ] No ECACU application form is attached [ ] Yes [ ] No |
| Your designation:[ ]  Faculty / Research Associate [ ]  Undergrad.Student [ ]  Grad Student/Postdoctoral Assoc. [ ]  Administrator [ ]  Vivarium Staff [ ]  Maintenance staff [ ]  Security [ ]  Other/Visitor: Specify: Click or tap here to enter text. |

**Section 2**

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| **Known hazards in your ongoing or planned work with animals:** (check all that apply) |
| [ ]  Unsure |
| [ ]  Chemical (e.g., MS222, carcinogens, gas anesthetics, fumes) |
| [ ]  Biological (e.g., bacteria, viruses, fungus/yeast/mold, prion, protist) |
| [ ]  Physical (e.g., needles, bites, large animals) |
| [ ]  Radiation, laser |
| [ ]  Other:Click or tap here to enter text. |
| Are you participating in a Field Study? [ ]  Yes [ ]  No |
|  If Yes, please describe: Click or tap here to enter text. |

**Section 3**

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| **Animal Handling as it is ongoing or anticipated:**(check one) |
| [ ]  Extensive (daily or over 30 hours/month) |
| [ ]  Quite a bit (~3 times/week or 10-30 hours/month) |
| [ ]  Minimal (<10 hours/month) |
| [ ]  Observer (no direct contact) |
| [ ]  Other: Click or tap here to enter text. |

|  |  |
| --- | --- |
| Name: Click or tap here to enter text. | AKU ID: Click or tap here to enter text. |

**Section 4**

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| **Details of ongoing or planned exposure to animals (***Check all that apply)* |
| [ ]  I will have direct contact with animals used in research or teaching in this position.[ ]  I have worked directly with laboratory animals in other positions.[ ]  I will work or be present in the same areas as animals but without direct animal handling or contact.[ ]  I will be working with unfixed animal tissues, cells, or body fluids in research or teaching.[ ]  I will be providing care for animals used in research or teaching.[ ]  I will be working with human specimens (cells, tissues, etc.) in conjunction with animals.[ ]  I will be conducting an ongoing field study with species in location: Click or tap here to enter text. |

## Section 5

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| Specific-specific animal handling: Please indicate all animal species/animal tissues used/handled and the frequency of contact. *The question may be answered in the context of what you anticipate will be done.* |
| **Animal Species or Tissue Used or Handled***(Check all that apply)* | Daily | Weekly | Monthly | Infrequently |
| [ ]  Mice or Rats | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  Guinea pigs or other rodents | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  Dogs and/or Cats | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  Frogs | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  Fish | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  Reptiles | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  Birds | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  Sheep or Goats  | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  Other (if more than one, please copy this row below) | [ ]  | [ ]  | [ ]  | [ ]  |

**Section 6**

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| **Do you have any of the medical conditions listed below?** [ ]  Yes [ ]  No(Check all that apply) |
| [ ]  animal allergies, known or suspected[ ]  lung problems[ ]  chronic health problems such as diabetes[ ]  kidney or liver disease[ ]  sickle cell disease[ ]  valvular heart disease | [ ]  immune system deficiencies or other limitations to your ability to fight off disease[ ]  current therapy with high dose steroids, immune-suppressive medicines, radiation or cancer therapies[ ]  history of problems with your spleen or absence of your spleen[ ]  pregnant or planning to get pregnant |
| **Do have a family history of any of the above?** [ ]  Yes [ ]  No. If Yes: **Click or tap here to enter text.** |

**Section 7**

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| **Immunizations. Have you had a tetanus or rabies vaccination?** [ ]  Yes [ ]  No [ ]  Unsure |
| [ ]  tetanus vaccination If yes, date of last booster Series [ ]  rabies vaccination If yes, date of last booster Series  |

Applicant’s Signature:  Date: **Click or tap here to enter text.**

**Return completed form and the Participant Form on to Manager Biosafety (ibc@aku.edu)**