

University of Central Florida

Animal Exposure Program Manual

Environmental Health and Safety
3528 North Perseus Loop
Orlando, FL 32816-3500

www.ehs.ucf.edu

October 2018



UNIVERSITY OF
CENTRAL FLORIDA

Animal Exposure Program

Table of Contents

Introduction	3
Definitions	3
Eligibility	4
Responsibilities	4
Identifying Participants	5
No Medical Questionnaire Required	6
Enrollment	7
Records	7
Termination of Animal Use	7
Allergies.....	7
Impairment of the Immune System.....	8
Tetanus Vaccination.....	8
Accident and Illness Related to Animal Exposures	8
Preventative Measures	8
Primary Containment.....	8
Personal Hygiene.....	10
Personal Protective Equipment	10
Appendix A: Laboratory Animal & Field Study Allergens – Information Guide.....	11
Appendix B: Centra Care Authorization Form	13
Appendix C: Animal Exposure Program Medical Questionnaire (AEPMQ).....	14
Appendix D: Occupational Health Clearance Form.....	16

Introduction

The National Institutes of Health (NIH), the United States Department of Agriculture (USDA), and the accreditation criteria from AAALAC International, require that all universities receiving federal support for research involving animals, must have an occupational health and safety program for personnel involved in animal research. Following the guidelines of the NIH and the National Research Council (NRC) publication, Occupational Health and Safety in the Care and Use of Research Animals, the University of Central Florida (UCF) has developed and implemented the Animal Exposure Program (AEP).

The purpose of the AEP is to identify and limit adverse health effects to animal exposure, including individuals who may have casual exposure in the work area where animal work is conducted.

The program is designed to meet health and safety requirements established by the NIH/NRC, and protect individuals working with animals. These individuals are evaluated with respect to the type and extent of their animal contact, advising them on the inherent risks involved with animal research and the recommended medical procedures in an effort to provide a healthy and safe work environment.

This document outlines the administration of UCF's Animal Exposure Program for all personnel who may be exposed to animals at UCF facilities or as part of research activities with the university.

Definitions

Animal User: An individual that handles animals, animal tissues and/or is involved in animal husbandry as part of their employment or educational program.

Casual Exposure: The indirect or potential exposure which can result from being in the vicinity where animal work is being conducted or coming into contact with animal wastes.

Decontamination: The use of physical or chemical means to remove, inactivate, or destroy pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles, and the item or surface is rendered safe for handling, use, or disposal.

Centra Care Authorization Form: Completed by the Principal Investigator or supervisor to identify to Centra Care the requested screenings and additional medical services.

Animal Exposure Medical Questionnaire (AEPMQ): Completed by the enrollee to provide Centra Care with personal medical history as it relates to animal exposure.

Occupational Health Clearance Form: Completed by Centra Care to document the enrollee's participation in the AEP, documentation of animal species and clearance for exposure.

Personal Protective Equipment (PPE): The special clothing and equipment worn by an employee to

protect against a hazard. General work clothes (uniforms, pants, shirts, blouses) not intended to function as protection against a hazard, are not considered to be personal protective equipment. Employer (Principal investigator (PI) or the department) must provide PPE at no cost to the employees/students in the lab.

Zoonotic Diseases: Diseases transmitted between animals and humans.

Eligibility

All UCF faculty, staff, students, volunteers, visiting researchers, maintenance personnel, or any other person conducting animal work or having casual exposures in UCF facilities, including all UCF leased spaces and UCF affiliated field research must enroll in the Animal Exposure Program (AEP). Personnel shall also enroll initially when listed on an IACUC protocol.

Note: Questions or concerns about AEP or the broader Medical Surveillance Program at UCF can be addressed directly with the AEP Program Coordinator at 407-266-7080. Personnel with concerns or objections about how their private information is handled shall be given every opportunity to discuss their concerns directly with Centra Care.

Enrollees are required to re-enroll in the AEP when there is a change in personal health status or job duties or animal species in research, such as whenever a participant works with a different species in the future (or taxonomic group for wildlife studies).

Enrollees shall not incur any costs or fees as part of their enrollment in the Animal Exposure Program.

Responsibilities

The Animal Exposure Program at UCF is administered in conjunction with Environmental Health and Safety (EHS), licensed physicians at Centra Care, and enforced by the UCF Institutional Animal Care and Use Committee (IACUC).

Environmental Health and Safety

Environmental Health and Safety is responsible for the following:

- Administration of the AEP and establishment of administering guidelines
- Coordination of the activities of the program
- Maintenance of Occupational Clearance Forms generated by the program (excluding medical and other Health Insurance Portability and Accountability Act (HIPAA) protected records)
- EHS will provide a copy of the Occupational Clearance Forms after receipt from Centra Care to the PI, supervisor and enrollee
- Provide training to personnel on animal exposure

Specific services provided by EHS include, but are not limited to:

- Educating UCF departmental and laboratory contact representatives about the AEP
- Providing the necessary forms used in the AEP to the Principal Investigators (PI)

- Providing information on additional Occupational Health Programs
- Providing Job Hazard Analysis and safety consultations

Questions concerning administration of the AEP should be directed to Environmental Health and Safety at 407-266-7080.

Centra Care

- Offer professional medical support services for the AEP
- Consult with EHS to determine the risks associated with animal contact/exposure
- Answer participants questions about how to fill out the AEP Medical Questionnaire
- Evaluate animal exposure, review medical questionnaires, provide medical examinations as necessary, and administer appropriate immunizations
- Providing Occupational Clearance Forms documenting animal species

Principal Investigators, Supervisors or Designated Contact Person

- Identify eligible participants and ensure their enrollment in the AEP
- Complete and sign the Centra Care Authorization Form
- Inform the AEP Program Coordinator of new individuals who may be exposed to animals and provide notification for those who is about to terminate his or her association with the PI or supervisor, or ceases animal contact
- Ensure personnel shall not begin work with animals or be occupationally exposed to animals until they have been cleared through the AEP and completed any required annual training.

IACUC

- Communicate to EHS the individuals approved on protocols or seeking approval
- Enforcement of the AEP program

Scientific Director, Scientific Transgenic Facility

- Approve entry into the animal facilities to only those enrolled in the AEP
- Ensure that animals are not delivered to animal facilities where individuals are not enrolled in the AEP

Identifying Participants

- All faculty, staff, students and researchers performing research that involves exposure to vertebrate animals.
- All staff and students that may be exposed to animals in laboratories, animal facilities, and field research are required to enroll.
- Anyone handling unfixed animal tissues or body fluids, including animal waste
- Anyone listed on an Institutional Animal Care and Use Committee (IACUC) protocol
- Anyone that are exposed to animals in the laboratory, including those individuals not handling animals
- Anyone who accesses animal facilities (vivarium)

- Anyone working in Animal Biosafety Level 3 areas

Requirements:

1) Medical Questionnaire

- Personnel complete and sign the Medical Questionnaire and authorization form and then submit it directly to the Occupational Health Physician at Centra Care by faxing the form to 407-200-9231 or via encrypted email to andrea.flanagan@flhosp.org. To obtain instructions on how to send encrypted documents, please visit [Animal Exposure Webpage](#) and contact Thaismary Morales at 407-266-7080 to obtain the password to the encrypted document. The Occupational Health Physician will review the Medical Questionnaire and provide an Occupational Health Clearance Form. In the event the Physician is requiring further examination, immunization, testing, and/or evaluation, employees will be asked to go to make an appointment with Centra Care for further evaluation. Employees will be paid for the time required for the appointment(s) and reasonable travel to and from the appointment.

Note: For field research faculty, the Field Research Safety Plan will also need to be completed and signed by the appropriate Department Chair.

2) EHS 180 on line training: Animal Exposure in a Research Setting (every 3 years) available at the EHSA log-in site.

EHS verifies that all personnel listed on new and continuing animal use protocols are included in AEP.

It is the responsibility of the Principal Investigator to ensure that all individuals listed on their IACUC protocol or working under their supervision participate in the program, including employees, students, colleagues, collaborators, and volunteers that will be exposed. Enrollees shall not incur any costs or fees as part of their enrollment in AEP. This requirement **must** be addressed. Failure to enroll in AEP may result in delay of approval for new or renewal protocol submissions as well as significant changes to existing protocols. If the Committee determines that an individual working in an animal research area is not enrolled in AEP, the protocol or individuals may be suspended from animal work until such time as enrollment has been completed.

No Medical Questionnaire Required

Visitors entering animal facilities or vivarium to perform maintenance/repairs or observe research are not required to participate in the Animal Exposure Program provided all the following are met:

- Visits are 5 days or less within a 30-day period
- Additional requirements may apply in accordance with facility rules and Standard Operating Procedures

Requirements:

- Read the Animal Exposure Program, and
- Complete the Animal Exposure in a Research Setting online training (every 3 years)
- Be advised that some persons are at increased risk from animal-associated disease:
 - Women who are pregnant or planning to become pregnant

- Immune compromised persons
- Individuals with known animal allergies should contact the Occupational Health Physician

Enrollment

New participants and re-enrollment in the Medical Surveillance Program for those working with or exposed to animals can download an Animal Exposure Program Enrollment Packet from the EHS website. The packet includes:

- Animal Exposure Program Enrollment Checklist
- Centra Care Authorization Form
- Animal Exposure Program Medical Questionnaire (AEPMQ)

Note: Questions or concerns about the AEP or the broader Medical Surveillance Program at UCF can be addressed directly with the AEP Program Coordinator at 407-266-7080. Personnel with concerns or objections about how their private information is handled shall be given every opportunity to discuss their concerns directly with Centra Care.

Enrollees are required to re-enroll in the AEP when there is a change in personal health status or job duties or animal species in research, such as whenever a participant works with a different species in the future (or taxonomic group for wildlife studies).

Enrollees shall not incur any costs or fees as part of their enrollment in the Animal Exposure Program.

Records

Any personal information provided as part of enrollment in the program is kept strictly confidential between enrollees and physicians at Centra Care in accordance with applicable laws and regulations. (e.g., HIPAA).

Centra Care will maintain permanent medical records for each individual evaluated under the AEP. Any individual may request a copy of their medical information by completing the necessary forms. EHS will maintain a copy of the Occupational Clearance Form and will provide a copy to the PI or supervisor and enrollee.

Termination of Animal Use

The PI, supervisor, or the designated contact person must notify EHS whenever an individual working with animals or with potential exposure to animals, is about to terminate his or her association with the PI, supervisor, or ceases animal contact.

Allergies

Animal care staff and others who handle animals may be sensitized to animal dander or other allergens. Individuals at risk of developing allergies or experiencing the onset of existing allergic reactions include those with preexisting allergies, asthma, seasonal rhinitis, or eczema. Individuals with preexisting allergies are encouraged to seek help from their family doctor. Likewise, individuals with work-related allergies are encouraged to seek advice from the Centra Care Physician. During

the evaluation, the physician will offer counseling on prevention of work-related allergies. Preventing exposure to the allergens may require the use of personal protective equipment such as gowns, gloves, and respiratory protection.

Allergic reactions to animals are among the most common conditions that adversely affect the health of workers involved in the care and use of animals in research. The manifestations of animal allergies range from rhinitis and eye discomfort to respiratory distress. In the United States, 46% of the 90,000 laboratory animal workers develop allergies to laboratory animals. Of the laboratory animal worker who do develop symptoms, 10% of them develop occupationally-related asthma with symptoms that persist even after exposure ceases. For example, more than one third of laboratory animal workers at the National Institute of Health has reported loss time from work due to their symptoms from laboratory animal allergies (*Allergy to Laboratory Animals in Health Care Personnel*. Bland SM, Evan R III, Rivera JC. 1987. *Occupational Medicine* 2:525-546).

Impairment of the Immune System

The risk of contracting a disease from animals (zoonosis) is minimal. However, individuals with an impaired immune system, due to medication or disease, may be at a significantly greater risk of acquiring a zoonotic disease. It is important for animal users to understand this and provide the Centra Care Physician with any information related to such risk factors.

Tetanus Vaccination

A tetanus vaccination should be administered to all animal users at ten-year intervals. Tetanus is normally associated with wounds contaminated with dirt or the feces of some animals. All bite wounds, cuts, scrapes, abrasions, and punctures either in the laboratory or field study collections may carry the risk of tetanus and should be reported to EHS.

Note: If it has been seven to ten years since vaccination, a booster may be administered at the time the person is seen for evaluation.

Accident and Illnesses Related to Animal Exposures

Individuals must promptly report any injuries or illnesses that result from animal exposure to the PI or supervisor. These injuries include bites or scratches from animal contact without regard to how minor they may seem. The PI or supervisor should notify Human Resources as soon as possible to begin the process of submitting a workers compensation claim. Contact AmeriSys (1-800-455-2079) as soon as possible to initiate post-exposure evaluations and seek treatment. EHS also requires the incident be documented using the Incident Report Form available on the EHS website. All notifications must be completed and submitted within 24 hours of an incident occurring. Students and student volunteers should report to UCF Student Health Services for treatment in the event of injury.

Preventive Measures

In order to ensure animal users maintain their highest level of health and safety, the following preventive measures are required.

Primary Containment

Laboratory safety equipment provides a barrier and protection for personnel, product and/or the environment. For allergy prevention, the goal is to reduce or eliminate direct contact with the allergen while minimizing the presence of the allergen in the environment. Safety equipment generally includes exhaust ventilation and/or a filtration containment systems.

Types of primary containment include:

- **Biological Safety Cabinets (BSC)** – containment devices that are designed for work involving biological procedures and microorganisms, and includes a high efficiency particulate air (HEPA) filtration system. BSCs provide excellent containment of animal allergens when used in accordance with the manufacturer’s instructions. For additional information on the different types and classes, see [“Biosafety in Microbiological and Biomedical Laboratories \(BMBL\), 5th ed., Appendix A”](#).
- **Local Exhaust Ventilation (LEV) System** – a ventilation system that is designed to capture contaminants at their source and exhaust directly out of the work area and into the outdoor atmosphere. LEV systems may help to reduce contact with animal allergens by decreasing the level of allergens in the macro environment.
 - **Chemical Fume Hood (CFH)** – most common LEV system; its primary goal is to provide personnel protection for work involving chemicals (e.g. gases, vapors, etc.).
 - **Downdraft Table** – table designed with ventilation slots on the table work surface with air exhausted from below the work surface.
 - **Downdraft Sink** – sink designed with ventilation slots around the sink surface and/or internal components.
 - **Snorkel** – flexible duct or hose designed to capture contaminants directly at the source.
- **Micro Isolator Cage** – an animal cage composed of both a cage bottom and ventilated filter topped lid. When closed, animal allergens are contained within the microenvironment of the cage. When opened in a BSC using appropriate technique, environmental allergens can be eliminated or reduced if using a ventilated cage change station.
- **Individual Ventilated Cages (IVC)** – A mechanical ventilated rack and micro-isolator caging system that provides and maintains a stable environment for the animals while producing a safe and comfortable working environment for staff and researchers. The supply and exhaust air are commonly high-efficiency particulate absorption (HEPA) filtered and maintain a single pass air stream through the individual cages. Ventilation of the cage may be either positive or negative to the macro environment of the animal holding room. In both situations, allergens leaving the cage are prevented from entering the macro-environment of the animal holding room by exhausting the air into the outdoor atmosphere or HEPA-filtering the air leaving the cage into the animal holding room.
- **Ventilated Cage Change Station** – a stand-alone product protection workstation which commonly contains a blower and filtration system to help in the capture and containment of particulates from spreading outside of the unit. Unlike a BSC, change stations are less efficient in the

containment of animal allergens and can increase the level of animal allergens in the macro environment of the animal holding room. Some stations (Cage Dump Stations) commonly have a small opening inside the work area to permit the dumping of dirty bedding material into a waste disposal vessel.

Personal Hygiene

There are a number of personal hygiene issues that apply to all workers who are exposed to animals. There must be no eating, drinking, or applying of cosmetics in areas where animals are housed or handled. All work surfaces must be decontaminated initially and after any animal-related contact or use. Laboratory coats must be worn over street clothes or employees may change into special designated clothing when working with animals. Personal protection equipment (PPE) must be used appropriately. Most importantly, thorough hand washing must be done before and after handling the animals and prior to leaving the laboratory.

Personal Protective Equipment (PPE)

Appropriate PPE should be provided at no cost to the individual with direct or potential animal contact and/or exposure. Appropriate PPE includes gloves, face shields or masks, eye protection, scrubs, gowns, aprons, laboratory coats, or any other appropriate PPE. The department, laboratory, PI, or supervisor is also responsible for cleaning, laundering, disposal and replacement of the PPE.

- Use of respirators (devices designed to protect the wearer from inhaling harmful dusts, allergens, fumes, vapors, or gases depending on the respirator and required protection) require medical clearance by a physician and annual fit testing as required by federal Occupational Safety and Health Administration (OSHA) regulations.

Failure to use appropriate PPE in the laboratory or in field studies may increase the chance of being exposed to potentially hazardous materials from animal contact and/or exposure, so the use of proper PPE is required. PPE should be used accordingly whenever animals are handled, transported, or restrained, when cages are cleaned, or whenever animal contact and/or exposure could occur. For more information on the proper use of PPE, consult the [Occupational Health and Safety in the Care and Use of Research Animals](#) guide and the [Guide for the Care and Use of Laboratory Animals](#).

Appendix A-Laboratory Animal & Field Study Allergens – Information Guide

Laboratory Animal Allergies (LAA) and Field Study Allergens (FSA) develop from occupational exposure to animal allergens and are the most common and serious occupational condition experienced by workers exposed to animals in research settings. Over a period of time, an individual may be exposed to sufficient amount of allergens to become sensitized. Once sensitized, this individual's next exposure to a specific allergen will cause an allergic reaction.

Symptoms of LAA & FSA:

- Sneezing
- Runny nose
- Itchy/irritated eyes
- Skin rashes
- Wheezing
- Shortness of breath
- Asthma

Sources of LAA & FSA:

- Dander
- Urine and feces
- Saliva
- Hair
- Bedding
- Serum
- Plants
- Pollen
- Dust
- Molds
- Mildew
- Bacterial Spores

Route of Exposure:

- Inhalation of animal allergens
- Direct contact of allergens with skin, eyes and mucous membranes

Risk Factors for LAA & FSA:

- **Exposure:** working with & handling animals
- **Genetics:** predisposal to developing allergies and asthma
- **Environment:** working in animal-associated areas without proper ventilation or potential inherent hazards associated with field study research

Prevention of LAA & FSA:

- Use a biological safety cabinet (BSC) or chemical fume hood (CFH) when working with animals or manipulating them in a laboratory setting.
- Use ventilated animal cage racks or filter top animal cages.
- Wear dedicated PPE, protective clothing when working with animals and leave work clothes at the workplace to be laundered.
- Wear proper PPE including long sleeve outer protective gown, gloves, masks, and eye protection to reduce skin contact of animals and animal allergens.
- Reduce inhalation of animal allergens by using a respirator. Users who want to wear a respirator, must contact the Biological Safety Coordinator at 407-266-7080.

- Wash hands before and after working with animals or their tissues.
- Keep cages and work area clean.
- Avoid high particulate producing bedding in animal cages.

What to do if you are experiencing a LAA:

- Discuss the symptoms with your supervisor.
- Seek medical counsel
 - **Employees:** Contact Centra Care.
 - **Students:** Contact the UCF Student Health Services.
- Report any incidents to the UCF Biological Safety Officer.

Appendix B – Centra Care Authorization Form



Employee / Applicant: _____

University of Central Florida

_____ Medical Surveillance AEP (24501094)

Available at these Centra Care locations - University, Lake Nona, South Orange and Employer Care

Exams		Lab Tests	
<input type="checkbox"/>	Animal Worker Medical Directorship questionnaire review	<input type="checkbox"/>	Hepatitis B Antibody
<input type="checkbox"/>	Respirator Examination Medical Directorship questionnaire review	<input type="checkbox"/>	Complete Metabolic Panel (CMET Panel)
<input type="checkbox"/>	Dive Physical Examination	<input type="checkbox"/>	HEMGPD
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Lipid Panel
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____
Occupational Health Testing		Immunizations	
<input type="checkbox"/>	Spirometry - Pulmonary Function	<input type="checkbox"/>	Hepatitis B Vaccination
<input type="checkbox"/>	Audiometry	<input type="checkbox"/>	PPD - TB Test
<input type="checkbox"/>	Titmus Vision Screening	<input type="checkbox"/>	Quantiferon blood draw - Lake Nona, South Orange & Employer Care only
<input type="checkbox"/>	OSHA Respirator Questionnaire	<input type="checkbox"/>	Hepatitis A Vaccination- call ahead to the center - this is special order
<input type="checkbox"/>	Resting EKG	<input type="checkbox"/>	Influenza Vaccination
<input type="checkbox"/>	Two View Chest X-ray	<input type="checkbox"/>	Meningitis - at Employer Care only
<input type="checkbox"/>	Exit Exam	<input type="checkbox"/>	MMR - call ahead to the center - this is special order
		<input type="checkbox"/>	Pneumonia - at Employer Care only
		<input type="checkbox"/>	Polio - at Employer Care only
		<input type="checkbox"/>	Typhoid - at Employer Care only
		<input type="checkbox"/>	Varicella - at Employer Care only
		<input type="checkbox"/>	Yellow Fever - at Employer Care only
		<input type="checkbox"/>	Twinrix - call ahead to the center - this is special order
		<input type="checkbox"/>	Tdap
		<input type="checkbox"/>	Tetanus
		<input type="checkbox"/>	Shingles (Zoster) - at Employer Care only

Supervisor: _____ Date: _____ Phone: _____

Phone Auth From: _____ Received by: _____ Date: _____

Revision 10-19-18

Appendix C – Animal Exposure Program Medical Questionnaire (AEPMQ)

AEP - Form 2
Animal Exposure Program

Animal Exposure Program Medical Questionnaire

Name: _____ UCF ID# _____ Employee Student Volunteer

Address: _____ Phone: _____

Email: _____ Date of Birth: _____ Cell Phone: _____

Supervisor/PI: _____ Department Name: _____ Date: _____

A. Immunization and Infectious Disease History

Have you ever had or do you now have any of the following immunizations? You must supply most recent year for immunization.

If the answer is yes, you must supply a date. If the answer is no, check the 'no' column. If the answer is unknown, select "Don't know."

Incomplete forms will be returned.

Vaccination History

	Yes	Date	No	Don't Know	Incomplete (Hep. B only)
Tetanus	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B (Series of 3)	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Will you be working with any biological materials? Yes No

If yes, please explain:

2. Have you ever been diagnosed with an infectious, viral, bacterial, or parasitic illness that had been confirmed to have come from an animal? Yes No

If yes, please explain:

3. Have you ever suspected that you acquired an illness from an animal or animal materials/tissue at work or elsewhere, but were unable to confirm this? Yes No

If yes, please explain:

B. Medical History

1. Have you been told by a physician that you have an immune compromising medical condition or are you taking medication that impair your immune system (steroids, immunosuppressive drugs, or chemotherapy)? Yes No

If yes, please explain:

2. Have you been told by a physician that you have a chronic medical condition? Yes No

If yes, please explain:

3. Are you currently taking any other medications? Yes No

If yes, please explain:

C. Allergies/Asthma

1. Are you allergic to any animal(s)? Yes No

If yes, list the animals that cause your allergy symptoms: _____

2. Do you have any other known allergies? Yes No

If yes, please describe: _____

3. List symptoms that occur when you are suffering from your allergies: _____

4. Does personal protective equipment alleviate these symptoms? Yes No

5. List treatment that you receive to relieve your allergy symptoms: _____

6. Do you have asthma caused by or related to allergies? Yes No

If yes, list cause(s):

7. Do you have skin problems related to work (e.g. reactions to latex gloves, dry/cracked skin, rashes)? Yes No

If yes, please describe: _____

8. Do you experience shortness of breath at work? Yes No

9. Outside of work, do you have any exposure to animals? Yes No

D. Additional Questions and Concerns

1. Do you wish to talk to a medical provider concerning laboratory/client animals, hazards, or this questionnaire? Yes No

E. Field Research

Do you have (or have you ever had) any of the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Heart attack or heart disease | <input type="checkbox"/> Arthritis or joint problems | <input type="checkbox"/> Knee problems |
| <input type="checkbox"/> Eye problems (except glasses) | <input type="checkbox"/> Neck problems | <input type="checkbox"/> Back problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Joint or back surgery | <input type="checkbox"/> Groin hernia |
| <input type="checkbox"/> Dizziness or passing out | <input type="checkbox"/> Blood clots or bleeding disorder | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Seizures | <input type="checkbox"/> Muscle weakness |
| <input type="checkbox"/> Work-related injury | <input type="checkbox"/> Health issue limiting your ability to work (past or present) | |

Please explain all items checked above:

I certify that the above information is accurate and complete. I understand that false or misleading information may cause me to be disqualified as an applicant/employee.

Enrollee Name (print) _____

 _____

Enrollee Signature

Date: _____

Appendix D: Occupational Health Clearance Form

OHP – Form 2

University of Central Florida

Occupational Health Program

Occupational Health Clearance Form

Enrollee must fill out the contact information below.

Name: UCF-ID: Phone No:
E-Mail: Date: Department Name:
Supervisor/PI: Employee Student Volunteer

For Physician Use Only

A. Respiratory Program

The individual listed above was evaluated according to the requirements from the Occupational Safety and Health Administration (OSHA) 29 CFR 1019.134 Respiratory Protection Standard.

Yes No

The result of the evaluation showed that the employee/student/volunteer

- Is capable of using a respirator without restrictions.
- Is capable of using a respirator with the following restrictions.

Restrictions:

B. Animal Exposure Program

The individual listed above was evaluated using the UCF Animal Exposure Program Medical Questionnaires.

Yes No

The result of the evaluation showed that the employee/students/volunteer has

- No restrictions on animal exposure.
- Specific restrictions on animal exposure. >>Required: Applicable Species:
- Requires further medical evaluation.
- No restriction on field research.

Restrictions:

C. BSL3 Access Program

The individual listed above was evaluated:

Yes No

- Requires further medical evaluation.
- Is cleared to enter the BSL3 Laboratory.

D. Hearing Conservation Program

The individual listed above was evaluated according to the requirements from the Occupational Safety and Health Administration (OSHA) 29 CFR 1019.95 Occupational Noise Exposure.

- Audiogram was successfully conducted.
- Audiogram needs to be repeated.

E. Other Occupational Exposure Evaluation

Physician's Name and License # (Print) Date

Signature