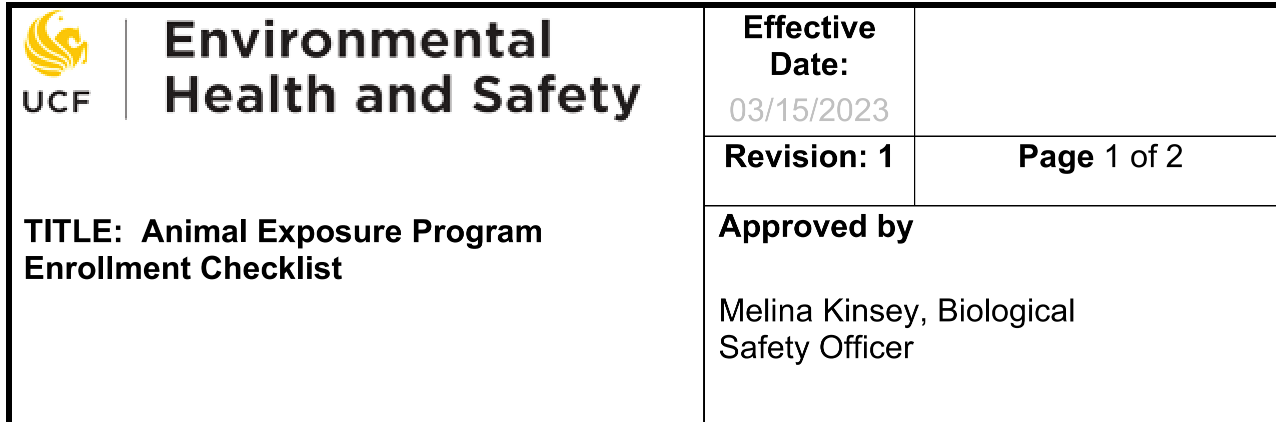

UCF Environmental Health and Safety	Effective Date: 03/15/2023	
	Revision: 1	Page 1 of 2
TITLE: Animal Exposure Program Enrollment Checklist	Approved by Melina Kinsey, Biological Safety Officer	

1. Prior to enrollment, please read the Animal Exposure Program document on the EHS website by clicking on the "**EHS Programs**" section of the toolbar and click on "**Animal Exposure Program**" under Research and Environmental Support.

2. Download the Animal Exposure Program Packet. The three required forms in the packet are:
   a. Animal Exposure Program Medical Questionnaire (AEPMQ)
   b. Centra Care Authorization Form
   c. Occupational Health Clearance Form

3. Principal Investigator (PI), Supervisor or the Designated Contact Person should fill out and sign the Centra Care Authorization Form for the enrollee. The PI may sign his/her own Centra Care Authorization Form when self-enrolling.

4. The PI, Supervisor or the Designated Contact Person shall be aware if any additional services other than screening for animal exposure are needed for the enrollee. The PI, Supervisor or the Designated Contact Person shall select the appropriate additional services on the Centra Care Authorization Form. These services may include:
   a. Respirator Examination
   b. Hepatitis B/Tetanus immunizations
   c. QuantiFERON®-TB Gold Test for BSL-3 access

5. Enrollees should fill out their own AEPMQ to the best of their ability and sign it. It is important for the enrollee to provide all requested information on the AEPMQ so that he/she can be properly evaluated by the physician. It should not be reviewed by the PI, Supervisor or the Designated Contact Person.

6. The AEPMQ is considered confidential and must only be provided directly by you to Centra Care via email (by following instructions on how to encrypt a PDF document with password on the webpage). Once the AEPMQ is submitted, access to the form is limited by federal law (e.g., HIPAA).

7. It is unlikely that a medical evaluation may be requested by the Occupational Health Physician. If further evaluation is required after your AEPMQ is reviewed, Centra Care will reach out to the enrollee directly. Most individuals will not require a medical evaluation.

8. Upon completion, Centra Care will send an Occupational Clearance Form to EHS to be filed. EHS will provide a copy of the form to the enrollee and PI or Supervisor. No confidential medical information is contained on the Occupational Clearance Form.

9. In addition to enrolling, you must complete the Animal Exposure in a Research Setting Training online every three years by registering through the EHSA Log In.

DISTRIBUTION

This document is shared through:

□ EHS only
□ Secured Document
□ Other: ____________________
□ Facility and Safety
□ Contractor
☑ UCF community
☑ EHS Web site

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		____________			
Hepatitis B (Series of 3)		____________			

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:

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

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) ______________________________

______________________________ Date: ________________

Enrollee Signature

Occupational Health Clearance Form

Enrollee must fill out the contact information below.

Name: UCF-ID Phone No:

E-Mail: Date: Department Name:

Supervisor/Pl: 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

1) Is capable of using a respirator without restrictions.
2) 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

1) No restrictions on animal exposure.
2) Specific restrictions on animal exposure. >>Required: Applicable Species:
3) Requires further medical evaluation.
4) No restriction on field research.

Restrictions:

C. BSL3 Access Program

The individual listed above was evaluated:

Yes No

1) Requires further medical evaluation.
2) 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.

1) Audiogram was successfully conducted.
2) Audiogram needs to be repeated.

E. Other Occupational Exposure Evaluation

Physician's Name and License # (Print) Date

Signature

Employee / Applicant: ______________________________

University of Central Florida

_______ **Medical Surveillance AEP (24501094)**

Available at University, Lake Nona, South Orange and Employer Care

	Exams		**Lab Tests**
☐	Animal Worker Medical Directorship questionnaire review	☐	Hepatitis B Antibody
☐	Respirator Examination Medical Directorship questionnaire re	☐	Complete Metabolic Panel (CMET Panel)
☐	Dive Physical Examintion	☐	HEMGPD
☐	Corporate Physical Exam	☐	Lipid Panel
☐	Other: ___________________	☐	Other: ___________________

	Occupational Health Testing		**Immunizations**
☐	Spirometry - Pulmonary Function	☐	Hepatitis B Vaccination
☐	Audiometry	☐	Hepatitis A Vaccination- call ahead to the center - this is special order
☐	Titmus Vision Screening -	☐	Quantiferon blood draw- Lake Nona, South Orange, University,Sanford
☐	OSHA Respirator Questionnaire		☐ New Hire
☐	Resting EKG		☐ Annual
☐	Two View Chest X-ray	☐	Influenza Vaccination
☐	Urine Dip	☐	Tdap
		☐	Tetanus
		☐	Rabies Vaccine - contact Employer Care only

University Centra Care -
1150 University Blvd Orlando, FL 32817 / 407-384-0080

Lake Nona Centra Care
9637 Lake Nona Village Place Orlando FL 32737

Employer Care Centra Care
2609 S. Orange Ave Orlando, FL 32806 / 407-914-2926

South Orange Centra Care
2609 S. Orange Ave Orlando, FL 32806 / 407-203-1026

Comments

Call Center you are going to use and make Appointment
Bring This Auth form and Form of ID to visit

Supervisor ______________________ Date: ______________________ Phone: ______________________

Revision 2-28-23