



INSTRUCTION FOR COMPLETING THE HAZARD ASSESSMENT FORM

Environmental Health and Safety
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1. Who should complete a Hazard Assessment Form (HAF) Form?

Employees who work with hazardous materials, animals, or physical hazards (noise, high heat, vibration, etc.) on a regular basis must complete a HAF form.

Information from the HAF Form is used by Environmental Health and Safety and Occupational Medicine to determine whether the employee may be exposed to workplace hazards and should therefore be included in the Occupational Medicine Program.

2. When should these employees complete a HAF Form?

- A. When the employee is new to FAU.
- B. When the employee changes job positions or responsibilities and this result in changes in workplace hazards (adds new hazards or eliminates old hazards).

3. How to complete a HAF Form?

- A. Employee Information
 1. Provide all requested information. Both the employee and supervisor must sign this section.
- B. Hazard Sections
 1. Check each hazard that you are exposed to on a regular basis (once a week or more) as part of your assigned job duties. Review this information with your supervisor before submitting the form. The following are examples for determining whether or not you have a hazard:
 - a) Hazard section labeled HAZARDS REQUIRING MEDICAL SURVEILLANCE:
 - If you work in a laboratory that studies HIV, check "AIDS agent (HIV)". If you work in a laboratory analyzing human blood samples for lipid content, check "Human Blood & Body Fluids", but not "AIDS agent (HIV)" or "Hepatitis B Virus".
 - If, as part of your job requirements, you are a designated first responder, provide medical care, or clean up human blood following injuries, do check "Human Blood & Body Fluids", but not "AIDS agent (HIV)" or "Hepatitis B Virus".
 - b) Hazard sections labeled OTHER CHEMICAL or PHYSICAL HAZARDS, and KNOWN & SUSPECTED CARCINOGENS:
 - If you work in a laboratory that has acetone in the solvent cabinet, but you do not use it on a regular basis, do not check "Acetone" as a hazard. If you use acetone several times a week for assays you perform, check "Acetone" as a hazard.
 - If you apply cholinesterase inhibiting pesticides on campus as part of your job, or do research with cholinesterase inhibiting pesticides, check "Pesticide-Cholinesterase Inhibiting" as a hazard. If you work in a building that gets sprayed with cholinesterase inhibiting pesticides for pest control, do not check "Pesticide-Cholinesterase Inhibiting" as a hazard.
 - c) Hazard section labeled ANIMALS:
 - If you work with diagnostic samples from various animals, check "Mammals (No Rabies Potential)" and "Mammals (Rabies Potential)". Do not check every animal on the list unless you work specifically with that animal on a regular basis (i.e., once a week or more).
 - d) Hazard section labeled PATHOGENS:
 - Check a pathogen only if you specifically work with that pathogen (for example, if you do research on Salmonella choleraesuis, check "Salmonella choleraesuis (All)". If you work in a diagnostic lab or clinic, and may be exposed to many pathogens, do not check any of the pathogens listed, but in the box labeled OTHER NOT LISTED, write in "exposed to many unknown pathogens."

4. Submit or mail completed HAF Form to Environmental Health and Safety (address above).

HAZARD ASSESSMENT FORM
FLORIDA ATLANTIC UNIVERSITY OCCUPATIONAL MEDICINE PROGRAM
ENVIRONMENTAL HEALTH AND SAFETY
 TO BE COMPLETED BY ALL EMPLOYEES WITH POTENTIAL EXPOSURE TO HAZARDS

NAME _____ Z# _____
 FIRST MI LAST

JOB TITLE _____ BIRTH DATE _____

JOB STATUS: FULL TIME PART TIME HOURLY SEX: MALE FEMALE

DEPARTMENT _____ PHONE _____

CAMPUS _____

WORK LOCATION: BUILDING _____ ROOM OR AREA _____

SUPERVISOR _____ SUPERVISOR SIGNATURE _____

PARTICIPANT SIGNATURE _____ DATE _____

PLEASE CHECK THE ITEMS YOU WILL BE WORKING WITH ON A REGULAR BASIS:

OSHA REGULATED HAZARDS REQUIRING MEDICAL SURVEILLANCE

	ACETYLAMINOFLUORENE (2-)
	ACRYLONITRILE
	AMINODIPHENYL (4-)
	ANIMAL CARETAKER
	ARSENIC (INORGANIC)
	DIVING (SCIENTIFIC / RESEARCH)
	ASBESTOS EXPOSURE (AT FAU - ABATEMENT)
	BENZENE
	BENZIDINE
	BIS CHLOROMETHYL ETHER
	1,3-BUTADIENE
	CADMIUM
	CHROMIC ACID
	DIBROMOCHLOROPROPANE (1,2-,3-)
	DICHLOROBENZIDINE (3-3'-)
	DIMETHYLAMINOAZOBENZENE (4-)
	ETHYLENE OXIDE
	ETHYLENEIMINE
	FORMALDEHYDE
	HAZMAT RESPONDER

	HEPATITIS B VIRUS (HBV)
	HEPATITIS CANDIDATE VIRUSES
	HUMAN BLOOD & BODY FLUIDS
	HUMAN IMMUNODEFICIENCY VIRUS (HIV)
	LEAD (INORGANIC)
	METHYLENE CHLORIDE
	METHYLENEDIANILINE
	METHYL CHLOROMETHYL ETHER
	MYCOBACTERIUM BOVIS
	MYCOBACTERIUM TUBERCULOSIS
	NAPHTHYLAMINE (ALPHA)
	NAPHTHYLAMINE (BETA)
	NITROBIPHENYL (4-)
	NITROSODIMETHYLAMINE (N-)
	NOISE
	PESTICIDES-CHOLINESTERASE INHIBITING (MALATHION, DURSBAN, COUNTER, SEVIN, ETC.)
	PROPIOLACTONE (BETA-)
	RESPIRATOR USER
	VINYL CHLORIDE

OTHER PHYSICAL HAZARDS

	COLD ENVIRONMENTS
	CONFINED SPACES
	DUSTY ENVIRONMENTS
	ELEVATED WORKSTATIONS
	FIBROUS GLASS
	HEAVY LIFTING
	HOT ENVIRONMENTS
	REPETITIVE TASKS (PUSHING, BENDING, ETC.)

	PUNCTURE WOUNDS (POTENTIAL)
	RADIATION – IONIZING
	RADIATION – LASER
	RADIATION – MICROWAVE- (NOT OVENS)
	RADIATION – ULTRAVIOLET
	RADIATION - X-RAY
	SHIFT WORK
	VIBRATION

OTHER CHEMICAL HAZARDS

	ACETONE
	ACETYLENE
	ACRYLAMIDE
	ALKANES

	ANESTHETIC GASES/VAPORS/WASTE
	ANTIMONY
	ARTIST CHEMICALS
	ASPHALT FUMES

OTHER CHEMICAL HAZARDS, CONTINUED

ALLYL CHLORIDE
AMMONIA
BENZOYL PEROXIDE
BENZYL CHLORIDE
BORON TRIFLUORIDE
CARBON BLACK
CARBON DIOXIDE
CARBON DISULFIDE
CARBON MONOXIDE
CHLORINE
CHLOROPRENE
CHRYSENE
COAL GASIFICATION
COAL LIQUIFICATION
COAL - TAR PRODUCTS
COBALT
CRESOL
CYANIDE, HYDROGEN, & SALTS
DIISOCYANATES
DINITRO-ORTHO-CRESOL
ETHIDIUM BROMIDE
ETHYLENE DIBROMIDE
ETHYLENE DICHLORIDE
FLUORIDES, INORGANIC
FLUOROCARBON POLYMERS
FURFURYL ALCOHOL
GLYCIDYL ETHERS
HYDROGEN FLUORIDE
HYDROGEN SULFIDE
HYDROQUINONE
ISOPROPYL ALCOHOL
KETONES
MERCURY, INORGANIC
METHYL ALCOHOL
METHYL BROMIDE

METHYL CHLORIDE
METHYL CHLOROFORM
NITRIC ACID
NITRILES
NITROGEN, OXIDES
NITROGLYCERINE:ETHYLENE
ORGANOTIN COMPOUNDS
OSMIUM TETROXIDE
OZONE
PESTICIDE-NON-INHIBITING
PHENOL
PHOSGENE
PHOTOGRAPHIC CHEMICALS
REFINED PETROLEUM SOLVENTS
SILICA, CRYSTALLINE
SODIUM HYDROXIDE
SOIL (CLOSE CONTACT)
SULFUR DIOXIDE
SULFURIC ACID
TETRACHLOROETHANE (1,1,2,2)
TETRACHLOROETHYLENE
THIOLS - ALKANE MONO (N-)
THIOLS - BENZENE
THIOLS - CYCLOHEXANE
TOLUENE
TRICHLOROETHANE (1,1,1-)
TRICHLOROETHYLENE
TUNGSTEN
TUNGSTEN CARBIDE (CEMENTED)
VANADIUM
VINYL ACETATE
VINYL HALIDES
WELDING FUMES
XYLENE
ZINC OXIDE

KNOWN & SUSPECTED CARCINOGENS

ADRIAMYCIN
AFLATOXINS
AMINOANTHRAQUINONE (2-)
AMINO-2-METHYLANTHRAQUINONE (1-)
AMITROLE
ANISIDINE (0-)
ANSIDINE HYDROCHLORIDE (0-)
ARAMITE
AZATHIOPRINE
BENZO (A) PYRENE
BENZO (B) FLUORANTHENE
BENZ (A) ANTHRACENE
BENZOTRICHLORIDE
BERYLLIUM AND BERYLLIUM COMPOUNDS
BIS (2-CHLOROETHYL) - 2 NAPHTHYLAMINE NN,N-) (CHLORNAPHAZINE)
BISCHLOROETHYL NITROSUREA
BUTANAEDIOL DIMETHYLSULFONATE (MYLERAN) (1,4-)
CARBON TETRACHLORIDE
CHLORAMBUCIL
CHLOROETHYL (2-) (1-)-3-CYCLOHEXYL -1- NITROSUREA

CHLOROFORM
CHLORO-O-PHENYLENEDIAMINE (4-)
CHROMIUM AND COMPOUNDS
P-CRESIDINE
CUPFERRON
CYCASIN
CYCLOPHOSPHAMIDE
DACARBAZINE
DDT
DIAMINOANISOLE SULFATE (2,4-)
DIAMINOTOLUENE (2,4-)
DIBENZ (A,H) ACRIDINE
DIBENZ (A,H) ANTHRACENE
DIBENZ (A,J) ACRIDINE
DIBENZO (A,H) PYRENE
DIBENZO (A,I) PYRENE
DIBENZO (C,G) CARBOZOLE (7H-)
DIBROMOETHANE (1,2-)
DICHLOROETHANE (1,2-)
DIEPOXYBUTANE
DI (2-ETHYLHEXYL) PHTHALATE
DIETHYLSTILBESTROL
DIETHYL SULFATE

KNOWN & SUSPECTED CARCINOGENS, CONTINUED

	DIMETHYLHYDRAZINE (1,1-)
	DIMETHOXYBENZIDINE (3,3'-)
	DIMETHYL SULFATE
	DIMETHYLBENZIDINE (3,3'-)
	DIMETHYLCARBAMOYL CHLORIDE
	DIOXANE (1,4-)
	DIRECT BLACK 38
	DIRECT BLUE 6
	EPICHLOROHYDRIN
	ESTRADIOL 17 BETA
	ESTROGENS (CONJUGATED)
	ESTRONE
	ETHINYLESTRADIOL
	ETHYLENE THIOUREA
	HEXACHLORO BENZENE
	HEXAMETHYLPHOSPHORAMIDE
	HYDRAZINE
	HYDRAZINE SULFATE
	HYDRAZOBENZENE
	IDENO (1,2,3-cd) PYRENE
	IRON DEXTRAN COMPLEX
	KEPONE (CHLORDECONE)
	LEAD ACETATE
	LINDANE
	MS 222
	MELPHALAN
	MESTRANOL
	METHYL IODIDE
	METHYLAZIRIDINE(2-)(PROPYLENEIMINE)
	METHYLENEBIS 2-CHLOROANILINE 4,4'-
	METHYLENEBIS BENZENAMINE (4,4')
	METRONIDAZOLE
	MICHLER'S KETONE
	MIREX
	MUSTARD GAS
	MYCOTOXINS
	NICKEL AND NICKEL COMPOUNDS
	NITRILOTRIACETIC ACID
	NITROFEN
	NITROGEN MUSTARD
	NITROPROPANE (2-)
	NITRO-O ANSIDINE (5-)
	N-NITROSODIETHYLAMINE
	N-NITROSODIPHENYLAMINE

	N-NITROSODI-N-BUTYLAMINE
	N-NITROSODI-N-PROPYLAMINE
	N-NITROSOMETHYLVINYLAMINE
	N-NITROSOMORPHOLINE
	N-NITROSONORNICOTINE
	N-NITROSOPIPERIDINE
	N-NITROSOPIRROLIDINE
	N-NITROSOSARCOSINE
	N-NITROSO-N-ETHYLUREA
	N-NITROSO-N-METHYLUREA
	NORETHISTERONE
	OXYMETHOLONE
	PHENACETIN
	PHENAZOPYRIDINE
	PHENAZOPYRIDINE HYDROCHLORIDE
	PHENYTOIN AND IT'S SODIUM SALT
	POLYBROMINATED BIPHENYLS
	POLYCHLORINATED BIPHENYLS
	PROCARBAZINE
	PROCARBAZINE HYDROCHLORIDE
	PROGESTERONE
	PROPANE SULTONE (1,3-)
	PROPYLTHIOURACIL
	RESERPINE
	SACCHARIN
	SAFROLE
	SELENIUM SULFIDE
	SOOTS AND TARS
	STREPTOZOTICIN
	SULLALATE
	TETRACHLORODIBENZO-P-DIOXIN (TCDD)
	THIOACETAMIDE
	THIOUREA
	THORIUM DIOXIDE
	TOLUENE DIISOCYANATE
	TOLUIDINE (0-)
	TOLUIDINE HYDROCHLORIDE (0-)
	TOXAPHENE
	1,1,2, TRICHLOROETHANE
	TRICHLOROPHENOL (2,4,6-)
	TRIS (1-AZIRIDINYL)PHOSPHINESULFIDE
	TRIS (2,3-DIBROMOPROPYL) PHOSPHATE
	URETHANE

ANIMALS

	ANIMAL WASTE
	CATS
	CATTLE (FARM)
	CATTLE (LAB OR RESEARCH)
	DOGS
	HORSES (FARM)
	HORSES (LAB OR RESEARCH)
	MAMMALS (NO RABIES POTENTIAL)
	MAMMALS (RABIES POTENTIAL)
	POULTRY (FARM)
	Fish (Lab)
	Fish (Field)

	POULTRY (LAB OR RESEARCH)
	PRIMATES, NON-HUMAN
	REPTILES (WILD)
	REPTILES (LAB OR RESEARCH)
	RODENTS/RABBITS
	SHEEP OR GOATS (FARM)
	SHEEP OR GOATS (LAB OR RESEARCH)
	SWINE (FARM)
	SWINE (LAB OR RESEARCH)
	WILD BIRDS (LAB OR RESEARCH)
	WILD MAMMALS (LAB OR RESEARCH)

PATHOGENS

PATHOGENS, MANY
ACTINOBACILLUS (ALL)
ACTINOMYCETES
ARBOVIRUSES (ANY OF 424)
ASCARIS (AEROSOLIZED ANTIGENS)
BACILLUS ANTHRACIS
BLASTOMYCES DERMATITIDIS
BORDETELLA (ALL)
BRUCELLA ABORTUS
BRUCELLA CANIS
BRUCELLA MELITENSIS
BRUCELLA SUIIS
CAMPYLOBACTER FETUS (JEJUNI)
CHLAMYDIA PSITTACI
CHLAMYDIA TRACHOMATIS
CLOSTRIDIUM BOTULINUM
CLOSTRIDIUM TETANI
COCCIDIA (ALL)
COCCIDIOIDES IMMITTIS
CORYNEBACTERIUM DIPHTHERIAE
CORYNEBACTERIUM EQUI
CORYNEBACTERIUM PYOGENES
COXIELLA BURNETII
CRYPTOSPORIDIUM PARVUM
CRYPTOCOCCUS NEOFORMANS
DENGUE VIRUS
DIPLOCOCCUS (STREP) PNEUMONIAE
ENTAMOEBIA HISTOLYTICA
EPIDERMOPHYTON (ALL)
E.COLI-ENTEROPATHOGENIC SEROTYPES
FASCIOLA (ALL)
FRANCISELLA TULARENSIS
FUNGI (MANY)
FUSARIUM SPP.
GIARDIA (ALL)
HEPATITIS A VIRUS (HAV)
HEPATITIS C VIRUS (HCV)
HEPATITIS E VIRUS (HEV)
HERPES VIRUS SIMIAE (B-VIRUS)
HERPES VIRUS - EXCEPT H SIMIAE
HISTOPLASMA CAPSULATUM
HOOKWORMS
INFECTIOUS BRONCHITIS-LIKE VIRUS
INFLUENZA VIRUSES
KLEBSIELLA (ALL)
LEGIONELLA-LIKE AGENTS
LEGIONELLA PNEUMOPHILA
LEPTOSPIRA INTERROGANS (ALL)
LEISHMANIA AMAZONENSIS

LISTERIA (ALL)
MICROSPORUM (ALL)
MYCOBACTERIUM AVIUM
MYCOBACTERIUM CHELONEI
MYCOBACTERIUM FORTUITUM
MYCOBACTERIUM KANSASII
MYCOBACTERIUM LEPRAE
MYCOBACTERIUM MALMOENSE
MYCOBACTERIUM MARINUM
MYCOBACTERIUM SCROFULACEUM
MYCOBACTERIUM SIMIAE
MYCOBACTERIUM SZULGAI
MYCOBACTERIUM ULCERANS
MYCOBACTERIUM XENOPI
NEISSERIA GONORRHOEAE
NEISSERIA MENINGITIDIS
PARAINFLUENZA VIRUSES
PASTEURELLA (ALL)
POLIOVIRUS
POXVIRUSES
PSEUDOMONAS CEPACIA
PSEUDOMONAS (BURKHOLDERIA) PSEUDOMALLEI
PSITTOCOSIS AGENT
RABIES VIRUS
RESPIRATORY SYNCYTIAL VIRUS
RHODOCOCCUS EQUI
SALMONELLA ENTERICA SEROVAR TYPHIMURIUM
SALMONELLA CHOLERAESUIS (ALL)
SALMONELLA ENTERITIDIS (ALL)
SALMONELLA TYPHI
SHIGELLA (ALL)
SPONGIFORM ENCEPHALOPATHIES (TRANS)
SPOROTHRIX SCHENCKII
STAPHYLOCOCCUS AUREUS
STREPTOCOCCUS PYOGENES
STREPTOCOCCUS SPP. OTHER THEN PYOGENES
STRONGYLOIDES (ALL)
TAENIA SOLIUM (CYSTICERCUS)
TOXOCARA CANIS
TOXOPLASMA (ALL)
TREPONEMA PALLIDUM
TRICHINELLA SPIRALIS
TRICHOPHYTON (ALL)
TRYPANOSOMA (ALL)
VACCINIA VIRUS
VESICULAR STOMATITIS VIRUS (VSV)
VIBRIO CHOLERAE
WEST NILE VIRUS
WESTERN EQUINE ENCEPHALITIS VIRUS
YERSINIA

OTHER HAZARDS:

COMMENTS:



Initial Health Questionnaire for Personnel Working with Research Animals and Other Hazards

Personnel working with research animals are required to enroll in FAU's Occupational Health Program (OHP). The first step is to complete this initial health assessment which will become part of your occupational medical health record. It provides the Medical Service Provider (MSP) with information about the occupational exposures and risks associated with your position, medical information related to your ability to safely perform the functions of this position, and a baseline medical history for ongoing medical surveillance purposes. Personal health information (PHI) is strictly private and is maintained separate and apart from Human Resources, Environmental Health and Safety (EH&S) or department personnel records. The Occupational Health Program (OHP) will only share required compliance information, not PHI.

It is to your benefit to answer all questions completely and honestly. If you have questions, please ask your Principle Investigator (PI) for any study related questions and the MSP for any medical-related concerns. In order to prevent any delays in approval of your IACUC protocol/amendment and access to the animal facilities, please complete these documents and schedule your appointment with the MSP as soon as possible.

Your health assessment will be reviewed by the MSP, after which you may be contacted to discuss additional recommendations and/or notified of the need for required screenings based on your work environment, research protocol or species specific risk factors. You may also receive educational materials related to your occupational health risks.

Name (Last, First):		Date of Birth:	
Z Number:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Phone:		Preferred email Address:	
Principal Investigator/ Manager Name:		Mailing Address/ Office Location:	
Protocol Number(s):		Primary Work Location: <input type="checkbox"/> 71/35A/35B <input type="checkbox"/> Sanson <input type="checkbox"/> MC17/19 <input type="checkbox"/> GL <input type="checkbox"/> HBOI <input type="checkbox"/> Field <input type="checkbox"/> Other _____	

Position Description: (check all that apply)

<input type="checkbox"/>	Principal Investigator	<input type="checkbox"/>	Researcher	<input type="checkbox"/>	Veterinary Staff
<input type="checkbox"/>	Animal Care Technician	<input type="checkbox"/>	IACUC Member or Staff	<input type="checkbox"/>	Environmental Health and Safety
<input type="checkbox"/>	Emergency Response	<input type="checkbox"/>	Services (IT, Facilities, etc.)	<input type="checkbox"/>	Volunteer
<input type="checkbox"/>	Visitor	<input type="checkbox"/>	Post-graduate/Fellow	<input type="checkbox"/>	Graduate Student
<input type="checkbox"/>	Undergraduate Student	<input type="checkbox"/>	Other(Please indicate)		

Please indicate the animals you will be working with (check all that apply):

	Amphibians		Gerbils		Poultry	<u>Other – list:</u>
	Birds		Goats		Rats	
	Cats		Guinea Pigs		Rabbits	
	Cattle		Hamsters		Reptiles	
	Dogs		Marine mammals		Sheep	
	Ferrets		Mice		Swine	
	Fish		Non-human primates		Wild rodents	

Is your work related to:

No	Yes	Biological Agents
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Infectious agents. List:
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Recombinant viral vectors. List:
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Biological toxins, e.g. cholera, pertussis, shiga toxin, enterotoxins, conotoxin, brevetoxin, tetrodotoxin, ricin. List:
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Human or non-human primate body fluids, tissues or primary cells. List:
No	Yes	Physical Hazards
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Heavy machinery
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Noisy environment
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Heavy lifting (lifting greater than 40 lbs without assistance from mechanical lift or co-worker)
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Exposure to animal excreta and bedding
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Needles/Scalpels/Sharps
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Radiation-producing devices
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Radioisotopes
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Lasers: If yes, are they class 3b or 4 lasers? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Radioactive material handling frequency (select one) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
No	Yes	Chemical Agents
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Anesthetic gases

<input type="checkbox"/> No	<input type="checkbox"/> Yes	Anti-neoplastic drugs
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Carcinogens
<input type="checkbox"/> No	<input type="checkbox"/> No	Heavy metals. If yes, check all that apply: <input type="checkbox"/> arsenic <input type="checkbox"/> beryllium <input type="checkbox"/> cadmium <input type="checkbox"/> mercury <input type="checkbox"/> other:
<input type="checkbox"/> No	<input type="checkbox"/> No	Highly Toxic Chemicals
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Reproductive hazards such as mutagens/teratogens

If the answer to any of the above questions was yes, provide a list of the chemicals below and indicate frequency of exposure.

Frequency: Daily Weekly Monthly

List of chemical agents:

Check all that apply	Personal Protective Equipment (PPE) Used
<input type="checkbox"/>	Gloves. <input type="checkbox"/> Latex <input type="checkbox"/> Vinyl <input type="checkbox"/> Nitrile <input type="checkbox"/> Chloroprene <input type="checkbox"/> other:
<input type="checkbox"/>	Lab coat. <input type="checkbox"/> Disposable <input type="checkbox"/> Re-usable
<input type="checkbox"/>	Eye protection. <input type="checkbox"/> Face shield <input type="checkbox"/> Goggles <input type="checkbox"/> Safety glasses
<input type="checkbox"/>	Surgical or dust mask
<input type="checkbox"/>	Respirator. <input type="checkbox"/> N95 <input type="checkbox"/> APR (air purifying respirator) <input type="checkbox"/> ASR (air supplying respirator) <input type="checkbox"/> PAPR (powered air purifying respirator)

PERSONAL HEALTH HISTORY

Have you been diagnosed with or are you under treatment for any of the following conditions?			
Diabetes Mellitus	<input type="checkbox"/>	Allergic Rhinitis	<input type="checkbox"/>
Epilepsy/Seizures	<input type="checkbox"/>	Immune Deficiency	<input type="checkbox"/>
Asthma/COPD	<input type="checkbox"/>	Rashes/Skin Lesions	<input type="checkbox"/>

Please list any medical conditions that you would like evaluated in light of your participation in animal research:

Please list any medications you take regularly:

Have you received any of the following vaccines?

Immunization	Date
Tetanus Diphtheria/Tdap	
Measles	
Mumps	
Hepatitis A	
Hepatitis B	
Influenza	
Varicella	

Employee Signature

Date

Provider Signature/Date

Printed Name



**Medical Monitoring Program for Animal Use
Medical Screening and Vaccination Consent/Declination Form**

Employees working with animals are automatically enrolled in the medical monitoring program for Animal Use offered by the university to protect their health. As a part of that medical monitoring program, the University will offer access to a medical screening, which may include clinically indicated vaccinations and/or medical procedures to further protect the health of employees with occupational exposure to animals. This form is designed to allow employees to make the personal decision to receive or decline recommended vaccinations and/or medical procedures that may be available to help protect against diseases related to work with animals.

Select "Consent" below to participate in the medical screening and vaccination program. Select "Declination" to decline all parts of the vaccination and screening program, but you will remain in the medical monitoring program.

Please Select one:

<input type="checkbox"/> CONSENT: I understand that due to my occupational exposure to animals and other potential infectious materials, I may be at risk of contracting certain zoonotic diseases. I have been informed about and offered the opportunity to enroll in the medical screening and monitoring program, including the opportunity to receive certain vaccines (as indicated) at no cost to me. However, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience any adverse side effect from the vaccines or medical procedures. I accept the offer at this time. Check all that you would like to receive, if applicable to your exposure risk: <ul style="list-style-type: none"> <input type="checkbox"/> Tetanus immunization <input type="checkbox"/> Rabies immunization (When indicated) <input type="checkbox"/> Other _____ 	<input type="checkbox"/> DECLINATION: I understand that due to my occupational exposure to animals or other potentially infectious materials I may be at risk of contracting certain Zoonotic diseases. I have been given the opportunity to receive certain medical procedures and/or to be vaccinated at no charge to myself. However, I decline the procedures at this time. I understand that by declining these vaccines/procedures, I continue to be at risk of acquiring the associated serious diseases. If in the future I continue to have occupational exposure to animals or other potentially infectious materials, and I want to be vaccinated/screened with the following vaccines/procedure, I can be treated at no charge to me.
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Employee Name (print) Z No.

Employee Signature Date

Department Name, Location (campus, building, room #), and Phone Number



Medical Referral Form

Employee/Student Name:	Department:	Date:
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Supervisor:	Supervisor's Tel. Ext.
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Referral for: (Check/circle all that apply)

<input type="checkbox"/> Animal Contact NRC guideline Medical History Medical Exam Purified Protein Derivative/TB Test Rabies Immunization CBC Toxoplasmosis Titer Tetanus Diphtheria Vaccine/Booster Post Exposure Evaluation	<input type="checkbox"/> Laser Safety *Reg.: ANSI Z136.1-2000 Medical History Ocular Exam Visual Acuity Amsler Grid Test Color Response	<input type="checkbox"/> Bloodborne Pathogens *Reg.: 29CFR 1910.1030 HBV Vaccinations HBV Titer Post Exposure Evaluation HIV Testing
<input type="checkbox"/> Diving Safety *Reg.: 29CFR 1910.402 -Appendix 1-3 AAUS Medical History Medical Exam Urinalysis Baseline Chest X-ray Hematocrit or Hemog Spirometry Resting EKG (After Age 40)	<input type="checkbox"/> Hazardous Material *Reg.: 29CFR 1910.120 <i>-OSH Guidance Manual for Hazardous Waste Sites (NIOSH 10/85)</i> Occupational History Medical History and Exam Kidney & Liver function Test Metallic Content in Blood/Urine CBC/Platelet Count Urinalysis RBC/plasma Cholinesterase Chest X-ray Pulmonary Function Test	<input type="checkbox"/> Respiratory Program *Reg.: 29CFR 1910.134 Medical History Medical Exam Baseline Chest X-ray Pulmonary Function Test
<input type="checkbox"/> Other Tests: _____ _____		<input type="checkbox"/> Hearing Conversation *Reg.: 29 CFR 1910.95 Baseline Audiogram Annual Audiogram

*Authorized medical services may be performed at the discretion of the Physician.
 Additional services deemed necessary must be approved by EH&S.
 Reg. Refers to federal regulation for compliance purposes.

**Approval Section
(Student Health or EH&S Only)**

Name:	Title:	Phone #:
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Signature:	Date:
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Health Provider Information *Call for an appointment*

Boca Raton Concentra (former U.S. Health Works)
 Tel# 561-368-6920
Jupiter Medical Center – Urgent Care
 Tel# 561-263-7010

(HBOI) Lawnwood Regional Medical Center
 Tel# 772-461-4000
Davie/Dania Concentra
 Tel# 954-941-6301



Animal Contact: Clearance Form

Name	Z #	E-mail
Employee/Student/Volunteer/Other (Circle one)	Department	Work Phone
Campus	Supervisor/PI	Supervisor's Phone

Describe your duties as it involves your potential exposure to animals:

ANIMAL/TISSUE USE Check boxes that apply to you:

- I am an approved animal user, but will not be handling animals.
- I am not handling animals but will be working in areas where animals are housed.
- I am involved with veterinary care and/or animal husbandry.
- I will handle or have contact with animals.

Employee signature

Date

PHYSICIAN'S STATEMENT	COPIES
1. ___ No restrictions 2. ___ Specific restrictions 3. ___ NOT CLEARED	EH&S Supervisor Participant Research
Restrictions: _____ _____	
Physician _____ Date _____	

Is a follow up visit necessary? ___ Yes ___ No

If yes, date: _____