MONTCLAIR
STATE UNIVERSITY

ANIMAL EXPOSURE BASELINE ASSESSMENT QUESTIONNAIRE

INITIAL ASSESSMENT

Instructions:

Part I – General Information

Sections A,B,C and E – to be completed by the Participant with guidance from the Supervisor/Principal Investigator

Section D – to be completed by the Supervisor

Part II – Medical Information

All sections are to be completed by the Participant **independently** and all information are kept confidential.

PART 1: GENERAL INFORMATION

Section A - Participant Information

_____	_____	_____	_____
Last Name	First Name	M.I.	Net ID (e.g. smithj)
_____	_____	_____	_____
Contact Number	Email Address	Role	Department
_____	_____	_____	
Job Title	Work Location	PI/Supervisor Name	

PI/Supervisor Contact Details: Contact Number _____ Email _____

*__ROLE__: ☐ Faculty ☐ Staff ☐ Supv ☐ PI ☐ Student Employee ☐ Student

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Section B - Exposure

B.1 Animals

Level I	No direct contact but enters the animal facility
Level II	Does not conduct procedures on live animals but handles unfixed animal tissue and fluids or cleans cages/enclosure.
Level III	Minor exposure (handles, restrains, administers substances or collects specimens on live animals.
Level IV	Major exposure (performs invasive procedure, examples: surgery, necropsy)

	EXPOSURE LEVEL						EXPOSURE LEVEL				
Species	**I**	**II**	**III**	**IV**	**N/A**	**Species**	**I**	**II**	**III**	**IV**	**N/A**
Amphibian	☐	☐	☐	☐	☐	Marine Animal	☐	☐	☐	☐	☐
Bat	☐	☐	☐	☐	☐	Mouse	☐	☐	☐	☐	☐
Bird	☐	☐	☐	☐	☐	Non-human primates	☐	☐	☐	☐	☐
Cat	☐	☐	☐	☐	☐	Pigs	☐	☐	☐	☐	☐
Dog	☐	☐	☐	☐	☐	Rabbit	☐	☐	☐	☐	☐
Fish	☐	☐	☐	☐	☐	Racoon, squirrel, skunk	☐	☐	☐	☐	☐
Guinea Pig	☐	☐	☐	☐	☐	Rat	☐	☐	☐	☐	☐
Hamster	☐	☐	☐	☐	☐	Reptile	☐	☐	☐	☐	☐
Insect	☐	☐	☐	☐	☐	Other, Specify	☐	☐	☐	☐	☐

B.2 Additional Agents – Please identify specific material or substance where possible

Agents	**Yes**	**No**	**Chemicals**	**Yes**	**No**
Animal wastes	☐	☐	**Human/nonhuman blood, tissues, cells**	☐	☐
Antineoplastic drugs	☐	☐	**Infectious agents**	☐	☐
Biological toxins	☐	☐	**Lasers**	☐	☐
Carcinogens	☐	☐	**Needles, scalpel, sharps**	☐	☐
Formaldehyde	☐	☐	**Recombinant Nucleic Acids**	☐	☐
Heavy metals	☐	☐	**Reproductive mutagens/device**	☐	☐
Others:			**Radiation/Radioisotopes or Radiation producing device**	☐	☐

Q1: Of the species selected above in B.1, will any be encountered in the wild?

☐ No ☐ Yes, specify _____

Q2: Have you been exposed to animals (listed in B.1) or agents (listed in B.2) in the past?

☐ No ☐ Yes, specify _____

Q3: Do you have pets at home?

☐ No ☐ Yes, specify: _____

Q4: Have you received a detailed safety information and training on the specific type of animal/animal source material to be used in the work?

☐ No ☐ Yes, specify _____

Q5: Are you performing animal research outside of MSU?

☐ No ☐ Yes, provide more details: _____

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Section C - Personal Protective Equipment

Check all that applies:

☐ Face Shield ☐ Goggles/Glasses ☐ Mask/respirator, specify type: _____

☐ Ear muffs ☐ Disposable ear plugs

☐ Disposable gown ☐ Laboratory coat ☐ Splash apron

☐ Gloves, specify type: _____ Allergic to latex? ☐ No ☐ Yes

☐ Shoe covers ☐ Work-only shoes or boots

Section D - PI/Supervisor Certification

I certify that all the information provided is accurate and I have provided the Participant named in **Section A** with the necessary orientation, information and training related to the tasks to be performed. I have also provided the participant with the appropriate personal protective equipment at no charge.

Supervisor Printed Name: _____

Signature: _____

Date: _____

Section E – Participant Certification

I certify that I have reviewed all information that has been provided to me by the Supervisor and that I have received the appropriate orientation, training and personal protective equipment necessary to perform the assigned tasks.

Participant Printed Name: _____

Signature: _____

Date: _____

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PART II: MEDICAL INFORMATION

All information on this form will be kept confidential and only viewed by the authorized health provider of the Occupational Health Services for the purpose of conducting the health risk review and assessment. The health provider may have the need to contact you to clarify information that has been provided in this form. The outcome of this review may require you to obtain further medical evaluation and/or vaccination to ensure your safety when working in the animal research program. If your health information changes or you opt to decline participation in this part of the program, please contact Occupational Health Services at 973-655-5014 or ohd@montclair.edu.

Section A. Participant Information

Vaccine	Yes	Date (MM/YYYY)	No	Unsure
HIB (Hemophilus influenza)	☐		☐	☐
Hepatitis A	☐		☐	☐
Hepatitis B	☐		☐	☐
Meningitis	☐		☐	☐
Influenza	☐		☐	☐
MMR	☐		☐	☐
Mumps	☐		☐	☐

Vaccine	Yes	Date MM/YYYY	No	Unsure
Varicella (Chickenpox/Shingles)	☐		☐	☐
Polio	☐		☐	☐
Rabies	☐		☐	☐
Rubeola	☐		☐	☐
Rubella	☐		☐	☐
Tetanus	☐		☐	☐
	☐		☐	☐

Q1: Have you had a PPD (TB) Skin Test? ☐ NO ☐ Yes, PPD Result _____

Q2: Have ou received a booster for any of the following:

Tetanus ☐ No ☐ Yes, date of most recent booster (MM/YYYY) _____

Hepatitis B ☐ No ☐ Yes, date of most recent booster (MM/YYYY) _____

Rabies ☐ No ☐ Yes, date of most recent booster (MM/YYYY) _____

Q3: Have you had a Rabies titer test? ☐ No ☐ Yes, date of most recent booster (MM/YYYY) _____

Section C. Allergy History

Known Allergies:

ALLERGEN	YES	NO	ALLERGEN	YES	NO	ALLERGEN	YES	NO
Bee stings	☐	☐	Grasses	☐	☐	Sheep (wool)	☐	☐
Birds (feathers)	☐	☐	Guinea pigs	☐	☐	Swine	☐	☐
Cats	☐	☐	Latex	☐	☐	Trees	☐	☐
Chemicals	☐	☐	Medications	☐	☐	Weeds	☐	☐
Dogs	☐	☐	Mold	☐	☐	Wood	☐	☐
Farm Animals	☐	☐	Rabbits	☐	☐	Others, specify	☐	☐
Food	☐	☐	Rats/Mice	☐	☐			

Q4: If you have answered YES to any of the above listed allergens, please check off any symptom/s that you experience when exposed.

☐ Eczema	☐ Runny nose	☐ Coughing spells	☐ Other _____
☐ Hives/Itchy skin	☐ Frequent sneezing	☐ Shortness of breath	
☐ Itchy eys	☐ Itchy/irritated throat	☐ Wheezing	

Q5: Have you ever needed medication to treat an allergy or breathing problem? ☐ No ☐ Yes

If yes, please specify medication and allergen _____

Q6: Have you ever had a life-threatening allergic reaction? ☐ No ☐ Yes

If yes, what caused the reaction? _____

Q7: Have you ever had hives? ☐ No ☐ Yes

If yes, was it while working with animals? ☐ No ☐ Yes

Q8: Are you concerned about having an allergic reaction when working with animals in the research laboratory? ☐ No ☐ Yes

Section D. Personal Health History

Please provide details on any medical condition that you may have:

CONDITION	YES	NO	DETAILS
Asthma	☐	☐	
Compromised Immune system	☐	☐	
Eczema	☐	☐	
History of Cancer/Splenic Removal/Sickle Cell	☐	☐	
Lung Disease	☐	☐	
Tuberculosis	☐	☐	
Prior illness related to animal research	☐	☐	
Are you a smoker?	☐	☐	
Do you take medication everyday or as needed to treat a medical condition?	☐	☐	
Other conditions that might create a risk to you not addressed here?	☐	☐	

Q9: Are you pregnant or planning to be pregnant in the next year?

☐ Not applicable ☐ No ☐ Yes ☐ I choose not to answer

Q10: Is there any additional health information that we should be aware of in order to make a comprehensive assessment of your risk factors while participating in the (Occupational Health Program) and Animal Research Program?

☐ No ☐ Yes

Please explain: _____

_____

My signature below acknowledges that the information I have provided is true and complete to the best of my knowledge and consent is granted for the Occupational Health Services to conduct the risk assessment and health screening review so I may participate in the Montclair State University Animal Research Program. I understand that this information is confidential and will not be released without my knowledge and written permission.

Participant Printed Name: _____

Signature: _____

Date: _____