

**ANIMAL EXPOSURE PERIODIC ASSESSMENT QUESTIONNAIRE**

**PERIODIC ASSESSMENT**

All information on this form will be kept confidential and only viewed by authorized health provider of the Occupational Health Services for the purposes of conducting the health risk review and assessment. The health care provider may have the need to contact you to clarify information that has been provided in the 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](mailto:ohd@montclair.edu).

**Instructions:**

If you have direct contact with animals, animal tissues or waste or enter animal facilities, complete Sections A, B, C and D.

If you are no longer exposed to animals and/or enter animal facilities, complete Section A only then proceed to Section D and sign.

**Section A. Participant Information**

Check all that applies below:

- I have direct contact with animals
- I have direct contact with unfixed human or animal tissues and fluids
- I have direct contact with animal cages/enclosures
- I have no direct contact with animals but enter animal facilities
- I have no direct contact with animals but I am a listed participant in the protocol
- I am no longer exposed to animals and/or enter animal facilities

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/Supv Contact details	Contact # _____	Email: _____	
<b>*Role:</b> <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Supervisor <input type="checkbox"/> P/I <input type="checkbox"/> Student Employee <input type="checkbox"/> Student			

**Section B. Exposure changes within the last year**

**Q1: Have there been any changes in your exposure to animals (listed in B.1) or agents (listed in B.2) since you have completed your last questionnaire?**  No  Yes, specify \_\_\_\_\_.

**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)

SPECIES	EXPOSURE LEVEL					SPECIES	EXPOSURE LEVEL				
	I	II	III	IV	N/A		I	II	III	IV	N/A
Amphibian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marine mammal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bird	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nonhuman primates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rabbit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Raccoon, squirrel, skunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guinea Pig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reptile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Others, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Anesthetic Agents	Yes	No	Hazardous chemicals	Yes	No
Animal Waste	<input type="checkbox"/>	<input type="checkbox"/>	Human/nonhuman blood, tissues, cells	<input type="checkbox"/>	<input type="checkbox"/>
Antineoplastic drugs	<input type="checkbox"/>	<input type="checkbox"/>	Infectious agents	<input type="checkbox"/>	<input type="checkbox"/>
Biological toxins	<input type="checkbox"/>	<input type="checkbox"/>	Lasers	<input type="checkbox"/>	<input type="checkbox"/>
Carcinogens	<input type="checkbox"/>	<input type="checkbox"/>	Needles, scalpel, sharps	<input type="checkbox"/>	<input type="checkbox"/>
Formaldehyde	<input type="checkbox"/>	<input type="checkbox"/>	Recombinant Nucleic Acids	<input type="checkbox"/>	<input type="checkbox"/>
Heavy metals	<input type="checkbox"/>	<input type="checkbox"/>	Reproductive mutagens/device	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>	Radiation/Radioisotopes or Radiation producing device	<input type="checkbox"/>	<input type="checkbox"/>

**Q2: Have you been exposed to animals (listed in B.1) or agents (listed in B.2) in the past?**  
 No  Yes, specify \_\_\_\_\_

**Q3: Have you received any of the following since your last evaluation?**

- a. Tetanus vaccine/booster?  No  Yes, date (MM/YYYY): \_\_\_\_\_
- b. Hepatitis B vaccine/booster?  No  Yes, date (MM/YYYY): \_\_\_\_\_
- c. Rabies vaccine/booster?  No  Yes, date (MM/YYYY): \_\_\_\_\_

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d. Rabies titer test?  
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No  Yes, date (MM/YYYY): \_\_\_\_\_

### Q4: Are you:

a. Pregnant?  Not applicable  No  Yes  I choose not to answer

b. Planning to be pregnant in the next year?

Not applicable  No  Yes  I choose not to answer

### Q5: Have you had any exposure or on-the-job injury related to animal research work since your last evaluation?

No  Yes

If yes, please provide details: \_\_\_\_\_

### Q6. Have there been any changes in your health history over the past year?

No, proceed to Section D and sign  Yes, continue on to Section C

## Section C. Additional Health History

### Q7: Have you experienced frequent sneezing, runny or stuffy nose, watery or itchy eyes, coughing, wheezing or shortness of breath while working with or around animals? No Yes

### Q8: Have you developed any of the following since your last completed animal exposure assessment?

a. Hay fever  No  Yes

b. Asthma  No  Yes

c. Allergic skin problems  No  Yes

### Q9. If you answered YES to either Q7 or Q8, please provide the following details

a. When did your symptom begin? (MM/YYYY) \_\_\_\_\_

b. Are the symptoms worse than 1 year ago?  No  Yes

c. What causes your symptoms? \_\_\_\_\_

### Q10: Have you developed any new medical condition or started on any new medication? No Yes

If yes, please provide details: \_\_\_\_\_

### Q11: Are there any potential health or safety hazard to be used in conjunction with your animal work?

Biologic, specify \_\_\_\_\_

Chemical, specify \_\_\_\_\_

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Radioisotopes, specify \_\_\_\_\_

Other, specify \_\_\_\_\_

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### Q12: Are you wearing any of the following in conjunction with your animal work?

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Face Shield  Goggles/Glasses  Mask or Respirator, Specify type: \_\_\_\_\_

Ear Muffs  Disposable ear  
plugs

Disposable gown  Laboratory coat  Splash apron

Gloves, specify type: \_\_\_\_\_  Shoe covers  Work-only shoes or boots

\_\_\_\_\_ Allergic to Latex?  No  Yes

### Q13: Do you have any health or safety workplace concerns that you feel may affect your health?

No  Yes

### Q14: If you answered YES to Q13, would you like to confidentially discuss it with the Occupational Health Services team?

No  Yes

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## Section D. Participant Certification

I certify 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 perform an evaluation related to my participation 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: \_\_\_\_\_