 **The University of North Carolina at Pembroke**

**Animal Research Registration**

All research personnel that will handle live vertebrate animals as part of their research must complete the information below.

|  |  |  |
| --- | --- | --- |
| 1. Personal Information | | |
| Name: Date of Birth: / /  Name of Lab: Date you began job: / / | | |
| 1. Exposure | | |
| |  | | --- | | Indicate below which animals you are **exposed to at work** and **extent of contact**. | | (Please note: "exposed to" includes animals that are in the room you work in even if you do not have direct contact with that animal.) | | **If you will NOT be exposed to animals, check here >> (see definition below)  Animal Exposure: Employees with animal exposure are present in the same room on occasions but are not in direct contact or do not provide direct care of the animals. Such employees include HVAC, maintenance, or housekeeping Facilities Services personnel who may enter animal facilities on occasions or research personnel who work in the same lab where animals are present. Employees with animal exposure are required to receive one-time training upon assignment of duties that require them to be in the same room with animals. The one-time training provides the employee with information about allergies, zoonoses, and other hazards associated with animal exposure. They are also provided information about the availability of the University Employee Occupational Health Clinic, should any symptoms or illnesses develop that they believe could be associated with their animal exposure.** | | | |
| Choose the animal(s) you will work with: | Average Number of Days/Week: | Average Number of Hours/Day: |
| □ Frog |  |  |
| □ Mouse |  |  |
| □ Rat |  |  |
| □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If Other, Explain: |  |  |
|  | |
| Do you have any house pets? | □ Yes □ No | |
| If Yes, what type: |  | |
| 1. Immunization History | | |
| Measles/Rubeola  (old fashioned, red) | History of Disease: □ Yes □ No  If unknown, check this box: □ | |
| Tetanus Booster | Date of last booster: / /  If unknown, check this box: □ | |
| \*\*Tetanus boosters are recommended every 10 years. If you are due, please call University Employee Health (966-9119) to schedule.\*\* | | |
| Tuberculosis (TB) | Date of last skin test: / /  Result: □ Positive □ Negative □ Unknown  If unknown, check this box: □ | |
| History of TB Treatment: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Hazardous Agents | | | |
| 1. Do you work with formaldehyde? □ Yes □ No 2. Do you work with human blood or tissue? □ Yes □ No 3. Do you work with any infectious agents? □ Yes □ No   If yes, what type:         1. Do you work in the outdoors? □ Yes □ No 2. Please list any other hazardous agents you are currently working with: | | | |
| 1. Allergies | | | |
| 1. Do you currently have, or have a history of, allergies? □ Yes □ No   If yes, please check all that apply:  □ hayfever □ allergic skin problems □ eczema □ latex allergy □ asthma  □ insect stings / bites  □ other allergies, please describe:         1. Are you allergic to household pets? □ Yes □ No   If Yes, what type:   1. Have you ever changed jobs/working habits because of symptoms from handling animals?   □ Yes □ No  If Yes, please explain: | | | |
| **Indicate below any symptoms you get when working with LAB ANIMALS:**  **If none, *you can move to section 6.*** | | | |
| **Symptom** | **Frequency** | **Severity** | **Animal(s) Causing Problem:** |
| □ Sneezing Spells | □ Every Time  □ Most Times  □ Sometimes  □ Rarely  □ Never | □ Mild  □ Moderate  □ Severe |  |
| □ Watery/itchy Eyes | □ Every Time  □ Most Times  □ Sometimes  □ Rarely  □ Never | □ Mild  □ Moderate  □ Severe |  |
| □ Shortness of Breath | □ Every Time  □ Most Times  □ Sometimes  □ Rarely  □ Never | □ Mild  □ Moderate  □ Severe |  |
| □ Wheezing | □ Every Time  □ Most Times  □ Sometimes  □ Rarely  □ Never | □ Mild  □ Moderate  □ Severe |  |
| □ Coughing Spells | □ Every Time  □ Most Times  □ Sometimes  □ Rarely  □ Never | □ Mild  □ Moderate  □ Severe |  |
| **Symptom** | **Frequency** | **Severity** | **Animal(s) Causing Problem:** |
| □ Other | □ Every Time  □ Most Times  □ Sometimes  □ Rarely  □ Never | □ Mild  □ Moderate  □ Severe |  |
| If Other, please specify: | | | |
| 1. Training | | | |
| |  | | --- | | Have you received **TRAINING** in:   1. the proper use of gloves, gowns, masks, shoe covers & goggles/glasses?   □ Yes □ No   1. the importance of hand washing & showering/changing clothes after work?   □ Yes □ No   1. handling animals safely? Handling hazardous agents? Infection control?   □ Yes □ No   1. General Lab Safety?   □ Yes □ No   1. precautions for working when pregnant, ill, or immune suppressed?   □ Yes □ No   1. risk, identification, and prevention of tick-borne diseases *only if working in the outdoors*?   □ Yes □ No | | If the answer to questions a – e is **NO**, or if you answered **NO** to question f and will be working in an outdoor environment (i.e., field work), please arrange for necessary training as follows: | | 1. If you need training on handling animals safely, contact your supervisor and/or the chair of the Animal Care and Use Committee, Dr John Roe at 775-4081. 2. If you need any other training, contact the Environmental Health & Safety office at 521-6792. | | | | |
| 1. Work Health | | | |
| 1. Do you have any health problems that you feel may be **related to your work**?   □ Yes □ No  If Yes, please specify: (if you answered this question "yes", you are asked to call the University Employee Occupational Health Clinic to schedule an appt for evaluation of work injury or illness)         1. Do you have any concerns with **work safety**?   □ Yes □ No  If Yes, please specify: | | | |
| 1. Verification | | | |
| By completing this registration form, signing below and submitting it, you verify that all information in section 1-7 of this form is accurate.    Signature Date | | | |