

## University of Connecticut Occupational Health and Safety Program for Animal Handlers - Personal Profile

Completion of Form A is **required** as part of the Occupational Health and Safety Program at UCONN for persons who have contact with animals used for research, teaching, or testing. Visitors with animal contact for research including visiting scientists or non-UConn students should fill out Form C

Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Student \_\_\_\_\_ Other (specify) \_\_\_\_\_

Date \_\_\_\_\_ Employee ID # or Net I.D. \_\_\_\_\_ P.I. Name \_\_\_\_\_

Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
(First) (Middle) (Last)

Dept. \_\_\_\_\_ Unit \_\_\_\_\_ Email \_\_\_\_\_

Animal Contact Profile – check species worked with here at UConn			
Rodents		Sheep/goats*	
Rabbits		Cattle	
Cats		Pigs	
Reptiles		Horses	
Fish/amphibians		Poultry/birds	
Wildlife (specify)			
Other (specify, e.g., necropsy only, observation only)			

**ANIMAL ALLERGY CONCERNS (PLEASE CHECK ONE) –**

\_\_\_\_\_ **I would like to discuss animal allergies with a physician.**

\_\_\_\_\_ **I currently have no animal allergy concerns or concerns have been addressed.**

**RESPIRATOR USE (confer with your supervisor):**

\_\_\_\_\_ **I will not require a respirator.**

\_\_\_\_\_ **I will require the use of a respirator.**

\_\_\_\_\_ **I will use a respirator for voluntary reasons.**

\_\_\_\_\_ **I do not know at this time.**

(See University respirator policy here:  
<http://www.ehs.uconn.edu/occ/resp.doc>)

**VACCINATIONS/TESTS - Please indicate below if and when you have had the following vaccinations.**

Vaccine	Mo/Yr	Don't Know	Vaccination Requested	Serology Requested	Decline (complete pg 2)
Tetanus Toxoid (needed every 10 yrs)					
Rabies immunization/serology (For work with potential rabies vectors, i.e. unvaccinated carnivores, skunks, raccoons, bats.)					

Medical surveillance is offered to all University of Connecticut personnel who handle animals covered by this program. To be included in this surveillance, fill out Form B – Confidential Personal Health History. This surveillance is optional but can include allergy consultation as well as treatment for zoonotic diseases and other animal-related injuries. If you do not wish to fill out Form B, complete page 2 of this form. **\*Individuals with compromised immune systems and/or heart conditions should consult with a physician prior to working with animals, especially sheep or goats.**

I have answered the questions in this form truthfully and to the best of my knowledge. I have read the Occupational Health and Safety Program for Animal Handlers document found at <https://ehs.uconn.edu/biological-health-and-safety/>. I do not have any malady that would be deleterious to the laboratory animals. I understand that it is my responsibility to return a completed copy of Form A to: EH&S, 3102 Horsebarn Hill Road, Unit 4097, Phone: (860) 486-3613 Fax: (860) 486-1106 prior to beginning any work with animals.

\_\_\_\_\_  
**(Employee's signature)**

\_\_\_\_\_  
**(Date)**

**Forms A: return original to EH&S, 3102 Horsebarn Hill Road, Unit 4097, fax (860-486-1106) or email to [ehs@uconn.edu](mailto:ehs@uconn.edu)**

## University of Connecticut Occupational Health and Safety Program for Animal Handlers - Personal Profile

### Declination Page

**Directions:** Use this page when the designated employee elects NOT to be vaccinated and/or declines medical surveillance/screening services offered free of charge as part of the University of Connecticut Occupational Health and Safety Program for Animal Handlers. Maintain this form in the Environmental Health and Safety employee file.

**I. Vaccination Declined**

I decline the following vaccinations (initial box):  Tetanus  Other (specify) \_\_\_\_\_

I understand that due to my occupational exposure to animals used for research, teaching or testing, I may be at risk of acquiring disease. I have been given the opportunity to be vaccinated, at no charge to me. However, I decline the vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring serious or fatal disease. If, in the future, I want to be vaccinated, I can receive the vaccination(s) at no charge to me.

**II. Occupational Health Program Medical Services Declined**

I decline the medical surveillance/screening services (Form B) offered as part of the University of Connecticut Occupational Health and Safety Program for Animal Handlers. (initial box):

I have been informed that due to the nature of my occupational exposure to animals, I may be at risk of acquiring a zoonotic, allergic or animal-related disease. The University of Connecticut has established a medical surveillance program for early detection, diagnosis and treatment of animal-related illnesses. I understand that the records from the program are confidential and that all expenses are paid by the University at no cost to myself. However, at this time, I choose to DECLINE the medical surveillance/screening services offered as part of the University of Connecticut Occupational Health and Safety Program for Animal Handlers. I am aware that I continue to be at risk of acquiring an animal-related illness. If in the future I continue to have occupational exposure to animals while employed at the University and I elect to actively participate in the University's medical surveillance/screening program, I may do so at no charge to me. I therefore decline at this time to complete Form B.

\_\_\_\_\_  
(Employee's signature) \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed name – First, Last) Employee ID # or Net I.D. \_\_\_\_\_

Dept \_\_\_\_\_ Unit \_\_\_\_\_

P.I. Name \_\_\_\_\_