

**ANIMAL HANDLERS FORM (Independent Study Students)**  
**- Personal Profile for Independent Study Students**

**Directions:** Use this form when students will be working with animals or animal tissue as part of an independent study. Independent study students should be made aware of potential hazards involved in working with animals and reference the University of Connecticut Occupational Health and Safety Program for Animal Handlers. The independent study student should also be made aware of the recommended immunizations for the species they are working with. **Independent studies are academic experiences under the direction of an instructor and as such responsibility for training the student and instructing them about potential hazards is the responsibility of the sponsoring faculty/instructor.** Recommended or required immunizations may be considered a class requirement and the responsibility of the student, consult with your faculty sponsor/instructor. Maintain this form in the Environmental Health and Safety files for animal handlers. Each form covers one semester.

Semester \_\_\_\_\_ Net ID \_\_\_\_\_ Faculty Sponsor/Instructor \_\_\_\_\_  
(i.e. Spring 2017)

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

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

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

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

Vaccine	Mo/Yr	Don't Know	Serology
Tetanus Toxoid (recommended every 10 yrs)			
Rabies immunization and/or serology (For work with potential rabies vectors, i.e. unvaccinated carnivores, skunks, raccoons, bats.)			

**\*Individuals with compromised immune systems and/or heart conditions should consult with a physician prior to working with animals, especially sheep or goats.**

**Individuals with a history of animal allergies should consult with their physician about any allergy concerns.**

I have answered the questions in this form truthfully and to the best of my knowledge. I have been provided the Occupational Health and Safety Program for Animal Handlers document (<http://www.ehs.uconn.edu/BIOL.HTM>). 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 this form to: EH&S, 3102 Horsebarn Hill Road, Unit 4097, Phone: (860) 486-3613 Fax: (860) 486-1106 prior to beginning any work with animals. Faculty Sponsor/Instructor ensures the students receive the proper trainings and have any required immunizations or serology.

\_\_\_\_\_  
**(Student Signature)** \_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Faculty Sponsor/Instructor Signature)** \_\_\_\_\_  
**(Date)**

Return original form to EH&S prior to beginning any animal work, 3102 Horsebarn Hill Road, Unit 4097