NU - IACUC

##### Northeastern University Institutional Animal Care and Use Committee

Animal Contact Questionnaire

(To be completed by participant)

Please note: The information contained herein is handled in a confidential manner and is needed on an initial or periodic basis as part of the IACUC’S Medical Surveillance Program. Pages 1-2 will be sent to University Health Services (students) or Mount Auburn Hospital Occupational Health Services(faculty/staff), for medical evaluation and approval. Once approval is received, the participant has medical clearance to work with research animals. Pages 3 & 4 will be saved the DLAM Administrative Office and pages 1 & 2 will be shredded.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | | | | | NU ID Number: | |  | | |
| First Name: | | |  | | | | Last Name | |  | | |
| Home Address: |  | | | | | | | | | | |
| Date of Birth (Month/Day/Year): | | | | | |  | | | | Sex: | Male Female |
| Cell Phone #: | | | |  | | | NU Email |  | | | |
| NU Status: | | Undergrad Grad-Student Staff/Faculty/Post-Doc | | | | | | | | | |
| PI Name | | | | |  | | | | | | |

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| **I. Questionnaire History:** | |
| Is this the initial Animal Contact Questionnaire submission? | Yes No |
| Is this a Triennial renewal? | Yes No |

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| --- | --- | --- | --- | --- | --- |
| **II. Animal Contact Activities and Animal Handling:** | | | | | |
| 1. Identify which animal species you personally work with: | | | | | |
| Mice  Rats Hamsters  Rabbits  Fish Amphibians  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 2. Identify below the frequency of your direct contact with these animals | | | | | |
|  | Daily | 1-3  Times/Week | 1-3  Times/Month | Infrequently  2-6 Times/Year | |
| Rodents |  |  |  |  | |
| Rabbits |  |  |  |  | |
| Fish |  |  |  |  | |
| Amphibians |  |  |  |  | |
| Other: |  |  |  |  | |
| 3. Will you handle animals directly? | | | | | Yes No |
| 4. Will you only be observing animals? | | | | | Yes No |
| 5. Will you be working with animals in a research setting? | | | | | Yes No |

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| **III. Immunization History:** | |
| Tetanus (within the past 10 years) | Yes No |
| Hepatitis B (Required of all undergraduate students) | Yes No |
| Will you be working with animals in a research setting? | Yes No |
| ***Please Note: If your immunizations are not current, you will not be approved to work with animals until they are resolved.*** | |

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| **IV. Allergy History/ and Pertinent Medical Conditions** | | | |
| 1. Do you have a history of allergies? *(if no go to question 5)* | | | Yes No |
| *If yes to “a” please list:* |  | | |
| Indicate any current symptoms\*  *(If you have current symptoms due to animal allergy, you will have to be seen by a medical professional)* | |  | |
| 1. Have you seen a health care provider about your allergies? | | | Yes No |
| 1. Do you think you are allergic to research animals?   *(if no go to question 5)* | | | Yes No |
| 1. Have you experienced any of the following symptoms while working with animals? | | | |
| Eye Tearing/Itching Sneezing Runny nose Hives  Cough Chest Tightness Wheezing  *(Please check all that apply)* | | | |
| 1. Do you have, or have you developed any medical condition that would compromise your health if you were exposed to animals?   *(Example: chronic lung problems, pregnancy, immunosuppressive therapy, chemotherapy, or HIV infection)* | | | Yes No |

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|  |  |  |
| Participant Signature (*Type in name or* *provide* *electronic signature*) |  | Date |

**OCCUPATIONAL HEALTH TRAINING ACKNOWLEDGEMENT**

**FOR EMPLOYEES/STUDENTS WORKING WITH LABORATORY ANIMALS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | | | | NU ID Number: | |  |
| First Name: | | |  | | | Last Name | |  |
| Cell Phone #: | | | |  | | NU Email |  | |
| NU Status: | | Undergrad Grad-Student Staff/Faculty/Post-Doc | | | | | | |
| PI Name | | | | |  | | | |

Northeastern University (NU) requires all employees or students working with laboratory animals or having substantial exposure to laboratory animals in a research laboratory, animal facility or teaching laboratory to acknowledge the following statements and enroll in the Occupational Health and Safety Program as part of NU's Occupational Health Policy. This acknowledgement constitutes the informed consent of risk assessment associated with laboratory animal contact. The policy requires each person receive basic training on hazards associated with working with research animals and how to protect him or herself. It also requires each participant to read the statements below, ask any questions of a qualified physician or occupational health expert and initial the statement to acknowledge understanding the risk potential and the willingness to comply with the provisions of the policy. The original copy of the questionnaire will be maintained in the DLAM/NU-IACUC Office. These copies of the form will be maintained in conjunction with the PI and the approved copy of each research or teaching protocol. These copies are maintained to ensure that only authorized people work with or are exposed to laboratory animals. As part of the review of each protocol, employees or students will be required to update their Occupational Health Questionnaire with the IACUC and the DLAM Administrative Office every three years. A physician or qualified occupational health expert, the chairman of the NU-IACUC, or the Director of DLAM maintains the right to limit or deny any employee/student’s exposure to laboratory animals based upon a pre-existing condition requiring limited or no exposure to laboratory animals or failure to comply with this policy.

If you have any known allergy to animals or have experienced a possible allergic reaction following exposure to an animal in the past, you are required to consult with a physician or occupational health expert before working with or being exposed to laboratory animals on NU premises. In consulting with a physician or occupational health expert, you are required to follow any prescription to protect your health (e.g., wearing protective clothing, wearing a mask, etc.). Your initials following this statement indicates you have read this provision of the policy, understand the intent, have consulted with a physician or occupational health expert and are willing to follow any prescriptive advice to protect your health.

Initials: \_\_\_\_\_\_\_\_\_

If you take a prescribed medication regularly for health reasons, you are required to consult with a physician or an occupational health expert prior to working with or being exposed to laboratory animals on NU premises. In consulting with a physician or occupational health expert, you are required to follow any prescription to protect your health. Your initials following this statement indicates you have read this provision of the policy, understand the intent, have consulted with a physician or occupational health expert and are willing to follow any prescriptive advice to protect your health. Initials: \_\_\_\_\_\_\_\_\_

NU requires that female employees or students who perform procedures on animals using volatile anesthetic agents or might have secondhand exposure to such agents while in the animal facility discontinue all work with such agents or avoid exposure to such agents if they become pregnant. The Director of DLAM, any principal investigator or any laboratory instructor must be informed by any female employee or student of a pregnancy and is obligated to discontinue any duties or procedures which might cause exposure to volatile anesthetic agents. Your initials following this statement indicates you have read this provision of the policy, understand the intent, have consulted with a physician or occupational health expert and are willing to notify a responsible official of any pregnancy in accordance with this policy.

Initials: \_\_\_\_\_\_\_\_\_

I have received and understand the training on Occupational Health and Safety for working with research animals.

Initials: \_\_\_\_\_\_\_\_\_

My signature below indicates I have completed the Occupational Health Questionnaire in compliance with the NU Occupational Health Policy and have answered all statements above truthfully and to the best of my ability. I hereby acknowledge that I am informed of common and specific risks associated with activities associated with and exposure to laboratory animals.

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| --- | --- | --- |
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| Participant Signature (*Type in name or* *provide* *electronic signature*) |  | Date |

REVISED: 1/2025