

**APPENDIX A
ANIMAL EXPOSURE RISK
ASSESSMENT FORM**

Revised 5/2022



This form must be completed annually by all individuals who will be handling animals at UND.

Submit the completed form to [UND Office of Safety](#) for review.

Name: _____ Date of Birth: _____ UNID: _____

Personal Phone: _____ Gender: Male Female Other _____ Choose not to answer

Department: _____ Supervisor/PI: _____

Work Phone: _____ Email Address: _____

Faculty Staff Graduate Student Undergrad Student Other _____

I am no longer active on an approved IACUC protocol and will not be entering animal facilities or have contact with animals as part of my work. **Contact the Office of Safety if this situation changes.**

I. ANIMAL USE INFORMATION

List all animals that you may be handling: _____

Estimate animal contact (hours per month): _____

Other hazards (i.e. infectious agents, radioactive material, anesthetic gas, etc...): _____

II. HEALTH ASSESSMENT - Since your last annual animal exposure assessment:

Has there been a change to your health status over the past year? Yes No

Have you experienced shortness of breath, coughing, and/or wheezing while working with or around animals? Yes No

Have you experienced any allergen-induced symptoms related to work (such as watery/itchy eyes, sneezing, runny nose, and/or dermatitis)? Yes No

Do you have a condition or are you receiving any therapies which you have been told may compromise your immune system? Yes No

If you answered YES to any of the above questions, complete the UND Occupational Health Plan forms [Appendix B & C](#) and submit to the Office of Safety.

Have you had a tetanus booster in the past 10 years? Yes No Unsure Year of last tetanus booster: _____

Have you completed the Hepatitis B vaccination series? Yes No Unsure Year of completion: _____

Have you had a rabies vaccine? Yes No Unsure Year of completion: _____

Are you currently using respiratory protection or mask? Yes No If Yes, what mask type? _____

Have you been properly fitted as part of the UND Respiratory Protection Plan? Yes No

Have you had any on-the-job injuries or exposures since your last assessment? Yes No

If yes, please describe: _____

Would you like to speak with an Occupational Health Medical Professional about this assessment or any workplace health concern? Yes No

If yes, please contact Altru Occupational Health (Employer Health Solutions) department by calling 701.780.1947.

Signature: _____ Date: _____

Reviewed by: _____ Date: _____

For questions, contact the [Office of Safety](#) at 777-3341, UND.safety@UND.edu