Information for Healthcare Providers
Conducting Animal Use Health Evaluation

As an institution receiving federal funding for research, Texas State University complies with the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals. To meet the requirement of the PHS Policy, and as a condition of its federal Animal Welfare Assurance, the University must include specific Occupational Health and Safety (OHS) components — applicable to all faculty, staff, and students involved in the care and use of animals — in its program of animal care and use.

As part of the assessment and mitigation of potential risks involved in research with animals, all research personnel are required to have, at a minimum:

- health evaluation
- opportunity to receive a tetanus vaccine or other immunizations relative to animal use

(As a condition of protocol approval — or at the discretion of the healthcare provider conducting the health evaluation — additional immunizations may be required for personnel on some animal use protocols.)

1. Please use the animal use Occupational Health Questionnaire to evaluate the individual’s health and medical history.

2. Information about the individual's current or planned involvement with animals is provided on the attached copy of their Enrollment Assessment.

3. Administer required immunizations or review provided documentation of current immunization status

4. Complete and sign the attached Animal Use Health Exam / Immunization Certification and return it to the individual.

If you require additional information or assistance, please contact the Office of Research Integrity & Compliance:

Sean Rubino, Director • 512-245-2314
Kassaandra Nesbitt, Compliance Coordinator • 512-245-4524
Animal Use Occupational Health Questionnaire

1. Do you have allergies (sneezing spells, runny or stuffy nose, watery or itchy eyes, coughing, wheezing, shortness of breath, or skin rash or hives) after exposure to animals or their cages/bedding?
   If Yes, how often? To which animals?

2. Do you have a personal or family history of asthma, asthma-like symptoms, hay fever or eczema?
   If Yes, which symptoms?
   What cause?

3. Will you be subjected to noise exposure exceeding 85 decibels on a regular basis (for example, communication within 2 feet would require shouting)?
   If yes, please explain:

4. Will you be working with or have exposure to biohazards, chemical hazards, or radiation/radioactive material during the course of your work?
   If yes, please describe:

5. Are you immunosuppressed, post-splenectomy or taking immunosuppressant drugs?
   Please explain and list drugs:

6. Do you have any disabilities/limitations which would affect your ability to perform work duties (bend, lift, carry, walk, read, talk)?
   If yes, please explain:

7. Do you have any health or workplace concerns not covered by this questionnaire that you feel may affect your health and would like to confidentially discuss with a health care professional?
   If yes, please explain:

I have completed the questions on the Occupational Health Questionnaire truthfully and to the best of my knowledge. I have had an opportunity to discuss the information with my medical provider.

Patient: ____________________________  ____________________________
(Signature)  (Date)

Medical Provider: ____________________________  ____________________________
(Signature)  (Date)
After your health provider completes and signs certification, return this page only to Compliance Office

Last Name: ___________________ First Name __________________________

Texas State
Program of Animal Care and Use
Occupational Health & Safety
Animal Use Health Exam/Immunization Certification

Immunization Record:

☐ Tetanus (Tdap) immunization has been administered   Date: __________
☐ Documentation of current Tetanus immunization has been provided.
☐ Individual declined to receive a Tetanus immunization.
☐ Other immunizations:

___________________________ ☐ Administered   Date: __________   ☐ Documentation provided
___________________________ ☐ Administered   Date: __________   ☐ Documentation provided
___________________________ ☐ Administered   Date: __________   ☐ Documentation provided

Medical Provider Certification:

I have reviewed the individual’s Occupational Health Questionnaire, potential animal exposure, and immunization record. Based on this information, I have the following recommendation:

☐ The individual is cleared to work with animals.
☐ The individual is not cleared to work with animals.
☐ The individual has indicated that they are no longer working with/around animals.

NOTES: ______________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

(Print Medical Provider Name)   (Medical Provider Signature & Credentials)   (Date)