

Laboratory Animal Exposure Risk Assessment Form

Federal and College Animal Assurance Policies require documentation regarding the risks associated with animal handling. To comply with these policies, please print and complete this form and submit it to the Wellness Center. This form will be reviewed by the Assistant Director of the Wellness Center (Amber Verbic). Student forms are held at the Wellness Center, and faculty/staff forms will be held at the Office of Human Resources. Questions regarding this form should be directed to Leslie Manigold (lamangold@smcm.edu), Jenn Kersch (mjkersch@smcm.edu), or the Office of Human resources.

Your responses to these questions will not directly preclude your participation in animal research.

General Information

First Name:

Last Name:

PI is Same as Above

PI First Name:

PI Last Name:

Date of Birth (MM/DD/YYYY) Format:

Gender

Male

Female

Non-Binary

Medical History

Yes No

Do you have allergies to animals?

Do you have allergies to latex products?

Other potential workplace allergies?

Do you have any immunosuppressive conditions (HIV, lack of spleen) or are you taking chronic steroids?

Do you work with human blood, bodily fluids, or tissue (including cell lines and tumors)?

Yes

No

Identify the Animal Species you will be working with:

- Skip this question if you do NOT directly work with animals on campus (you only enter animal facilities to perform maintenance, conduct security checks or inspections).

Amphibians

Birds

Cats

Dogs

Fish

Mice

Rabbits

Rats

Is your tetanus vaccination up to date (where you vaccinated within the past 10 years)

Yes

No

Do not know

Please list any concern or medical information that may impact your work with animals:

Signature:

Date:

By signing this document, I certify that:

1. The information provided is accurate to the best of my knowledge
2. I acknowledge that I have been provided the opportunity to download and read the Animal Safety Training Documentation

RN (Wellness Center) Signature:

Date: