

Animal Care and Use Occupational Health Program

Program Description

The University of California, Santa Cruz (UCSC) Animal Care and Use Occupational Health Program (ACUOHP) provides a framework for assessing and controlling potential health risks for participants in animal research protocols. The ACUOHP also provides information on response and follow-up procedures for occupational animal-related injury or illness.

Scope

UCSC policy requires that all faculty, staff, visiting researchers, and students who work directly with vertebrate animals, unfixed animal tissues or body fluids, and/or who work in animal housing areas, participate in the ACUOHP. Initial and continuing authorization to use animals is contingent upon participation in the program.

Definitions

- EH&S: Environmental Health & Safety
- IACUC: Institutional Animal Care and Use Committee is the research compliance panel that reviews and approves animal research conducted at UCSC.
- Medical surveillance: The process of evaluating the health of employees as it relates to their potential occupational exposures to hazardous agents, including animals.
- PI: Principal Investigator
- PPE: Personal protective equipment
- SCOMC: Santa Cruz Occupational Medical Center

Responsibilities

The ACUOHP is a joint program between EH&S and the IACUC in support of the research community. EH&S provides technical assistance and coordination with the Santa Cruz Occupational Medical Center (SCOMC), while IACUC protocol approval is contingent upon receipt of medical clearance from SCOMC. Individual departments are responsible for coordinating with EH&S, the IACUC, and SCOMC staff as needed to assure that all participants are properly enrolled in the ACUOHP.

The following are specific ACUOHP responsibilities:

- Principal Investigator (PI): Prepare clearly defined procedures for the protocol submitted to the IACUC. Coordinate and document quarterly inspections of the work area. Initiate completion of medical surveillance forms for each project participant. Ensure that all project participants have appropriate training as required by the IACUC, EH&S, and other relevant parties. Provide personal protective equipment (PPE) or other exposure controls as needed.
- Project Participants: Complete medical surveillance forms as instructed. Follow safe work practices as instructed by the PI, EH&S and IACUC.

- EH&S: Assist PI with hazard identification, risk assessment, and exposure control. Provide training to project participants as needed. Coordinate medical surveillance form submission to SCOMC and response to the IACUC.
- SCOMC: Review medical surveillance forms and determine medical recommendations for each project participant.

PROGRAM COMPONENTS

Hazard Identification and Risk Assessment

Hazard identification and risk assessment are performed as a joint effort of departments and personnel, including the animal care staff, principal investigators, researchers, and Environmental Health and Safety (EH&S) staff. Coordination and consultation with EH&S helps to assure that researchers, their staff and departments incorporate hazard assessments and health and safety procedures as an integral part of their research plans.

Protocol Procedures

Each animal protocol must have clearly defined procedures, including written policies on the use of hazardous biological, chemical, and physical agents. Animal protocols are reviewed by a multi-disciplinary team in order to address hazards and safety issues. Hazards specific to animal care and use, such as animal bites, sharps handling, chemical cleaning agents, allergens, and zoonoses, are evaluated and risks are discussed.

Work Area Inspections

EH&S staff routinely monitor research operations that involve infectious agents, recombinant DNA molecules, hazardous chemicals, radiation, physical hazards, as well as the use of animals that present unique hazards. Research laboratories are required to conduct and document self inspections, as well as to identify and correct recognized hazards. EH&S staff work with researchers during periodic surveys to assist with hazard identification and correction.

Principal Investigators and research staff are directed to use **Appendix A** (Animal Use Area Inspection Form) to periodically conduct and document facility site inspections. EH&S and/or the IACUC will review these documents during routine inspections.

Medical Surveillance

As part of the IACUC protocol submission process, faculty, staff, visiting researchers¹, and students must submit risk assessment and medical information questionnaires (see **Appendix B**). Medical surveillance is initiated by completion of Form A (Risk Assessment Questionnaire) by each protocol participant, review of the form by the PI, and submission of a copy of this form to EH&S. The participant then completes Form B (Medical History Questionnaire) and the top portion of Form C (Occupational Medical Surveillance). The participant submits all three forms (A, B, and C)

¹ Visiting researchers may already participate in an occupational health program at their institution. In this case, EH&S and the IACUC will coordinate with the researcher's institution to verify medical clearance for the proposed animal protocol.

together in a sealed envelope or via secure fax to the Santa Cruz Occupational Medical Center (SCOMC) at the following address:

Santa Cruz Occupational Medical Center
610 Frederick Street
Santa Cruz, CA 95062
Secure Fax: (510) 653-5210

The three forms will be reviewed by the SCOMC physicians. Follow up questions or requests for in-person visits to the occupational health center will be communicated directly to the participant from the SCOMC. Final recommendations, accommodations, and medical clearance information will be provided to campus EH&S and communicated to the IACUC coordinator.

Completion of Forms A, B, and C is required for each research participant listed on an IACUC protocol upon original inclusion in the ACUOHP and at a minimum of every 3 years after initial medical evaluation. In addition, medical evaluation may be required:

- Based on a frequency interval recommended by the Occupational Physician for specific participants.
- For each new IACUC protocol that includes a different species and participant combination not covered by previous medical clearance from SCOMC.
- Upon request of the participant or PI due to a change in health status.
- At the time a participant self-identifies as pregnant or attempting to become pregnant.
- As requested by EH&S or the IACUC.

The IACUC will not approve the protocol until all forms are submitted and all project participants are cleared by SCOMC.

Please note that if you are immune-compromised or under treatment that may impact your immune system, special considerations may need to be made for your safety. If you experience a change in health status, e.g., pregnancy, illness requiring immune-suppressing drugs, health event requiring hospitalization, etc., it is your responsibility to contact your Supervisor and/or the SCOMC for additional medical evaluation for work with animals. You are encouraged to confidentially note any specific questions or health conditions on Form B (Medical History Questionnaire). Contact EH&S if you would like to call the SCOMC directly. EH&S will provide you with the most current contact information.

If the participant notifies the Supervisor of any change in health status, the Supervisor must notify EH&S. In addition, if the participant's level of exposure to an animal increases or if the participant begins work with additional animal species not originally noted on Form A, the Supervisor must notify EH&S.

Immunizations

Immunizations are offered to participants based on defined, recognized risks associated with the research or animal handling activity. Immunizations are offered after a review of the Animal Contact Risk Assessment Questionnaire (Form A) and the Animal Contact Medical History

Questionnaire (Form B) by the SCOMC and subsequent follow up with the participant. Immunizations are recommended for clearly identified at-risk participants where a safe and effective vaccine or toxoid exists. If immunizations are indicated, the service is provided at no cost to the participant. Vaccines are offered in accordance with the current Centers for Disease Control Advisory Committee on Immunization Practices (ACIP) recommendations. The following are specific vaccines that may be recommended for participants working with animals:

- Tetanus - Tetanus vaccine is recommended for animal handling staff
- Hepatitis B - Hepatitis B (HepB) vaccine is available to participants who work directly with the virus, with human or primate tissues or blood, or with products that are derived from human or primate blood (e.g., human cell lines). Hepatitis B vaccination is a choice; participants are not required to be vaccinated to work with potentially infectious animals or materials.
- Rabies – Rabies vaccine may be recommended to participants at high risk of exposure, such as veterinarians, animal handlers of at risk species (e.g. skunks and bats in California), rabies laboratory workers, and spelunkers. For laboratory workers and others who may be repeatedly exposed to rabies virus, periodic testing for immunity is recommended, and booster doses should be given as needed.

Allergies

The development or elicitation of allergies are some of the most common health impacts resulting from the care and use of animals. Many people have pre-existing allergies. Even if these allergies are not animal-specific, they may make an individual more likely to develop allergies to the animals with which they work. Typical allergy symptoms include nasal effects, itchy eyes, and rashes. Persons with animal allergies may also develop asthma, including cough, wheezing, and shortness of breath.

If you have pre-existing severe allergies or asthma, the SCOMC may ask you to provide a letter from your personal physician regarding your ability to work with the animals listed on your Risk Assessment form (Form A). If you are under the regular care of a physician for your allergies, you may be asked to visit your regular physician to evaluate your health status relative to your work with animals. Your personal physician may be best able to provide recommendations for protecting your health.

Note that pre-existing allergy does not preclude you from working with animals. You should, however, be aware of the potential risks to your health that may result from this work. If you already have severe allergies or asthma, your work with animals may be evaluated on-site by SCOMC and/or EH&S to ensure that your exposure is controlled as much as possible. The SCOMC will coordinate with EH&S if a worksite evaluation is recommended.

Pregnancy

For women who are pregnant or are considering pregnancy, precautions may need to be taken if you work with animals, biohazardous materials or chemical agents. Discussion of your pregnancy and the related work activities with animals, biohazardous materials or chemical agents with both your supervisor and personal physician is recommended. You may also contact the SCOMC if you have questions.

Non-Human Primate Research

The SCOMC may request that individuals conducting research involving direct contact with live non-human primates receive a physical evaluation in conjunction with completing the Medical Surveillance Forms (A, B, and C). During this evaluation, the SCOMC will recommend and/or administer appropriate immunizations and provide advice related to non-human primate research.

Ergonomics

If you would like general information about working safely and effectively using good ergonomic practices (lifting, repetitive motion, etc.), please contact EH&S to request basic information, training or an evaluation of a specific research task.

Participant Training

All faculty, staff, visiting researchers, and students planning to work with animals must have training on the specific procedures associated with each project protocol. This training must include a review of any hazards associated with the project or the facility in general, as well as any applicable hazard controls. Participants must be proficient in implementing any relevant safeguards prior to beginning work.

Participants should be trained on such topics as relevant zoonoses, chemical safety, biological and physical hazard, waste handling, and general safe work practices. The UCSC Animal Specific Health & Safety Guides provide additional information on potential zoonotic diseases (i.e., diseases transmitted from animals to humans), as well as ways to protect yourself. These Guides are available for a wide range of animals and can be found at <http://carc.ucsc.edu/Health%20and%20Safety/Zoonosis/index.htm>.

The IACUC requires that all participants complete the web-based training class “Working with the IACUC” (<http://carc.ucsc.edu/WebTraining.html>). Additional training classes are available through this training web site and information on these web-based classes may be obtained from the IACUC office.

Support personnel, such as the animal facility staff, maintenance/facilities, and custodians must have orientation training before working in the facility. This training includes a brief overview of the hazards present in the facility and appropriate exposure controls.

Exposure Control Methods

The control of exposures to occupational hazards associated with animal research or handling is achieved through the application of engineering controls, administrative controls, work practices and the use of personal protective equipment (PPE). Supervisors will provide information on necessary controls and appropriate PPE. Questions regarding exposure control methods may also be directed to EH&S via email (biosafety@ucsc.edu).

All personnel entering the vivarium must wear a laboratory gown and shoe covers. Additional PPE, such as gloves or respiratory protection, may be required during direct contact with the animals,

tissues, or associated chemicals. Other job-specific protective equipment, such as working in a certified biological safety cabinet, may be needed based on the specific protocol requirements.

Incident Response and Medical Management

In the event of a serious accident or injury, **call 911** to alert campus emergency services. Emergency Medical Technicians from the UCSC Fire Department will respond. For non-emergencies, alert your Supervisor or PI. After the injury has been stabilized, contact the UCSC Office of Risk Services, Workers Compensation. Detailed information regarding referral procedures and locations is available through Risk Services. Providers of medical treatment services are:

Employees: Campus: Santa Cruz Occupational Medical Center (SCOMC)
610 Frederick Street
Santa Cruz, CA
831-457-7118
8 a.m. to 4:30 p.m. Monday through Friday, except holidays

Students: Campus: [Student Health Services](#)
(831) 459-2500

After hours or weekend care: Dominican Hospital Emergency Department

Response actions for some common non-emergency incidents:

- **Minor animal bites and scratches:** Prompt reporting of all bite wounds and scratches is critical. Wounds must be cleansed as soon as possible in the laboratory or work area where the injury occurs. Bite and scratch wounds should be thoroughly washed with soap and water.
- **Needlesticks and cuts:** Wounds from needlesticks and cuts (“sharps”) must be cleansed as soon as possible in the laboratory or work area where the injury occurs. Examples of sharps include, but are not limited to, hypodermic needles, scalpels, razor blades, X-acto[®] blades, and broken glass items (Pasteur pipettes, microscope slides, thermometers, etc.). Wounds should be thoroughly washed with soap and water, unless otherwise notified. See the UCSC Bloodborne Pathogen Program for more information on sharps injury reporting requirements.
- **Allergic reactions:** In the event of a severe allergy/asthma attack resulting in difficulty breathing, **call 911**. In the event of significant, but non-life-threatening, allergies, wash hands thoroughly, leave the facility, and contact your Supervisor or PI.

Recordkeeping

EH&S will maintain participant risk assessment and clearance information. SCOMC will keep participant medical records at their facility.

Information and References

Other useful information can be obtained from the following sources:

- [UCSC Environmental Health and Safety](#)
- [UCSC Animal Care Facility](#)
- [National Research Council: Guide for the Care and Use of Laboratory Animals](#)
- [Office of Laboratory Animal Welfare](#)
- [National Institute for Occupational Health and Safety](#)
- [CDC Biosafety in Microbiological and Biomedical Laboratories, 5th edition](#)

Program Evaluation

This program will be reviewed periodically to ensure that it continues to meet the needs of the research community. The program evaluation may include input by the IACUC, EH&S, the medical providers, the research staff, and other relevant parties.

Appendix A

Animal Use Area Inspection Form

Animal Use Area Inspection From

Department				
Building and Room Number				
Principal Investigator				
Date of Inspection				
Inspected by				
Records, Training and Documentation	Yes	No	N/A	Comments/Date corrected
1. The lab specific written Injury Illness Prevention Program and Chemical Hygiene Plan are complete and available for review?				
2. A responsible person has been designated and documented on Appendix A in the IIPP binder.				
3. Researchers know the location and understand the use of the following: a. Material Safety Data Sheets b. Fire extinguisher & fire alarm pull station c. Emergency eyewash and safety shower (EESS) d. Building evacuation route				
4. Animal research activities involving biohazardous materials (infectious agents, rDNA, etc) have been registered with the IBC and there is an approved BUA?				
5. Scratches, bites, or injuries suffered while handling animals are immediately reported to supervisor?				
Prudent Practices	Yes	No	N/A	Comments/Date corrected
6. Food and beverages stored, prepared, and consumed away and outside of animal use areas?				
7. Access to the animal use area is controlled and secured during research activities involving animals?				
8. A sink for hand washing is accessible in close proximity to the animal use area?				
9. Personal protective equipment (PPE) including safety glasses or goggles, appropriate gloves, lab coats, shoe covers, and respiratory protection is available.				

Laboratory Equipment and Facilities	Yes	No	N/A	Comments/Date corrected
10. Are caution / biohazard warning signs posted on entrance doors and procedure rooms?				
11. Is the laboratory kept neat, orderly, and clean?				
12. Are emergency response and biohazard spill procedures posted in the laboratory?				
13. Are emergency eyewash and safety shower equipment available and unobstructed in chemical use areas?				
14. Are laboratory microwave ovens, refrigerators, freezers and other equipment properly labeled based on storage classification (Non-Flam Chem Only, Biohazard, etc)				
15. Has the chemical fume hood and/or biological safety cabinet been certified within the past 12 months and is the certification sticker posted?				
16. Are autoclave procedures followed and is the log book used?				
Hazardous Materials	Yes	No	N/A	Comments/Date corrected
17. Do chemical containers have legible, current labels to identify contents?				
15. Are chemicals segregated according to hazard class?				
16. Are chemicals stored in proper cabinets and/or in suitable secondary containment trays?				
18. Are gas cylinders (anesthetic gases, CO ₂ , Nitrogen) properly secured with two chains or metal straps to prevent falling or tipping?				
19. Are glass and sharps (needles, syringes, razor blades, etc) stored in approved puncture resistant containers and properly labeled (biohaz symbol, etc)?				
20. Are sharps containers available near the point of generation and use of the sharp device?				
21. Are sharps containers managed (not overfilled, labeled, etc) and disposed of properly?				
22. Do all chemical waste containers have an EH&S Hazardous Waste tag attached?				

Hazardous Materials (cont)	Yes	No	N/A	Comments/Date corrected
23. Are all hazardous waste containers sealed with proper fitting lids and caps at all times except when adding waste?				
24. Is biohazardous waste properly stored, labeled, segregated, and disposed?				
25. Is animal related waste (bedding, carcasses, waste material, etc) properly stored and disposed?				
26. Is animal bedding removed in a manner that minimizes generation of aerosols and dusts?				
27. Is an appropriate decontamination solution on site for work with biohazardous materials?				
Fire and Electrical Safety	Yes	No	N/A	Comments/Date corrected
28. Are fire extinguishers inspected at least annually?				
29. Are electrical extension cords used only for temporary operations, UL listed, equipped with a 3-prong plug and run directly to an outlet (not daisy chained together)?				
30. Are multiple outlet surge suppressors / power strips approved, UL listed and used only to power computers and small equipment (not high wattage equipment)?				
31. Are electrical outlets within 6 feet of a water source or "wet area" equipped with a GFCI type outlet?				
32. Are hot plates, temp-blockes and other temporary heating units unplugged when not in use?				
Egress and Seismic Safety	Yes	No	N/A	Comments/Date corrected
33. Are exit aisles clear and free of obstructions (24", 36" or 44" clearance as required)?				
34. Are shelves and equipment greater than 4 ft tall seismically braced to prevent falling?				
35. Do shelves and cabinet tops have lips or bungee restraints to prevent items from falling?				
36. Is at least 18" vertical clearance maintained from fire sprinklers (e.g., over shelves)?				

Appendix B

Medical Surveillance Forms

A

When complete, send a copy of this Form to EH&S (biosafety@ucsc.edu, fax: 831-459-3209 or via campus mail to "EH&S Trailer"). Then mail or fax this Form, along with Forms B and C, to - SCOMC, 610 Frederick Street, Santa Cruz, CA 95062, fax (510) 653-5210.



Animal Contact Risk Assessment Questionnaire

Purpose: This form is provided to Principal Investigators (P.I.) or Supervisors for the purpose of conducting occupational health risk assessment for participants in animal-related research. This form is used in conjunction with the Medical History Questionnaire (Form B) to help address the safety of UCSC research activities and enable participants with research animal contact to fulfill required medical surveillance obligations.

Instructions: The P.I. or Supervisor must review this form for each individual with research animal contact. Both the P.I. and the Participant must sign this form. The participant will provide this completed and signed form to EH&S, and to SCOMC along with completed Forms B and C.

Please include information on all current and reasonably anticipated IACUC protocols for this participant.

SECTION A: Participant Information

Participant Name: Job Title:

E-mail Address: Phone:

Department:

Participant Status (check all that apply):

- | | | | |
|---------|---------------------------|--------------------|-----------|
| Faculty | Non-Senate Academic Staff | Graduate Student | Volunteer |
| Staff | Undergraduate Student | Visiting Scientist | Other: |

SECTION B: Principal Investigator/Supervisor Information

P.I./Supervisor Name: Job Title:

E-mail Address: Phone:

Department:

Supervisor Status (check all that apply):

- | | | | |
|---------|---------------------------|-------|--------|
| Faculty | Non-Senate Academic Staff | Staff | Other: |
|---------|---------------------------|-------|--------|

SECTION C: Exposure Assessment

Is animal husbandry (e.g., cage changing, cleaning, feeding, etc.) an essential part of the participant's duties? **Yes No**

Does the participant have contact with:

- Human blood, tissues, or cells used in animal-related work?
- Blood, fluids, or tissues from non-human primates?
- Infectious agents used in animal-related work?

Please list:

Does the participant work with wild-caught animals?

Please list:

A

When complete, send a copy of this Form to EH&S (biosafety@ucsc.edu, fax: 831-459-3209 or via campus mail to "EH&S Trailer"). Then mail or fax this Form, along with Forms B and C, to - SCOMC, 610 Frederick Street, Santa Cruz, CA 95062, fax (510) 653-5210.

Species Contact: Identify the level of work-related exposure for each species or tissue for the participant named above and check the appropriate column. **Notify EH&S if your level of exposure increases or if you begin working with additional animal species.**

- Level 0** - No animal contact.
- Level 1** - No direct contact, but enters animal facility.
- Level 2** - Does not conduct procedures on live animals but handles "unfixed" animal tissues and fluids.
- Level 3** - Handles, restrains, collects specimens or administers substances to live animals.
- Level 4** - Performs invasive procedures such as surgery, necropsy.

Level of Exposure						Level of Exposure					
Species	0	1	2	3	4	Species	0	1	2	3	4
Amphibian						Marine Mammal					
Bats						Mice					
Birds						Poultry					
Cat						Primate					
Cattle						Rabbit					
Dog						Rat					
Fish						Reptile					
Goat						Sheep					
Guinea Pig						Skunk					
Hamster						Swine					
Horse						Other					

List:

SECTION D: Supervisor Certification

By signature, I certify that the information provided on this form is accurate to the best of my knowledge. I will notify EH&S if the participant's level of exposure increases or if the participant begins working with additional animal species.

P.I./SUPERVISOR SIGNATURE

DATE

By signature, I acknowledge and agree with all of the above.

PARTICIPANT SIGNATURE

DATE

**NOTE: Print 2 Copies of This Form
1 to EH&S - 1 to SCOMC**

Form A: Animal Contact Risk Assessment Questionnaire
Form B: Animal Contact Medical History Questionnaire
Form C: Animal Contact Occupational Medical Surveillance

B

You must complete Forms A, B and C.

When complete, mail this Form, along with Forms A and C, to -
SCOMC, 610 Frederick Street, Santa Cruz, CA 95062.



Animal Contact Medical History Questionnaire

Purpose: Participants working with or in close proximity to research animals are required to complete this questionnaire. Your answers are confidential and need not be revealed to anyone except a healthcare provider. Based on your answers, the Santa Cruz Occupational Medical Center may contact you for further evaluation.

Instructions: Please complete this form. To protect your privacy, please put this form in a sealed envelope with Forms A and C. Mail all forms directly to SCOMC or send the forms to SCOMC via secure fax. **Receipt of all forms is required for medical clearance to work with research animals.**

Participant Name:

Job Title:

E-mail Address:

Work Phone:

Home Address:

Personal Phone:

Date of Birth:

Date of last Tetanus vaccine booster:

Yes No

Have you received the Hepatitis B vaccination series?

- If Yes 1) Please list date:
- 2) Have you had your titer checked?
- If titer has been checked, list date and result:

Please provide information on any allergies:

- Do you have known or suspected allergies to animals?
If Yes, please list:
- Do you have other known or suspected allergies?
If Yes, please list:
- Do you have asthma?
If Yes, list cause(s)?
- Do you have shortness of breath or wheezing?
If Yes, list cause(s)?
- Do you develop hives?
If Yes, list cause(s)?

List symptoms that occur when you are suffering from your allergies:

List treatment that you receive to relieve your allergies:

B

You must complete Forms A, B and C.

*When complete, mail this Form, along with Forms A and C, to -
SCOMC, 610 Frederick Street, Santa Cruz, CA 95062.*

Do you have any of the following medical conditions?

- Diabetes
- Serious renal or liver disease
- Valvular heart disease
- Immune system deficiencies or other limitations to your ability to fight off disease
- Current therapy with high-dose steroids, radiation therapy, or cancer therapy
- History of problems with your spleen or absence of your spleen
- Pregnant or planning to become pregnant
- Are you currently using respiratory protection?
If Yes, 1) Please list type:
2) Have you been fit tested?

Do you have any health or workplace concerns not covered by this questionnaire that you feel may affect your occupational health and would like to confidentially discuss with the occupational health clinicians at the Santa Cruz Occupational Medical Center?

Please list any current medications:

Authorization to Disclose Protected Health Information: I hereby authorize the disclosure of the specific information described above to Santa Cruz Occupational Medical Center. I acknowledge that I may be restricted from working with animals until cleared by SCOMC.

SIGNATURE

DATE

You will typically be asked to re-submit this form every 3 years, or sooner if advised by the SCOMC physician. If you experience a change in health status, e.g., pregnancy, illness requiring immune-suppressing drugs, health event requiring hospitalization, etc., it is your responsibility to contact your Supervisor and/or the SCOMC for additional medical evaluation for your work with animals. If you have questions on this form or the medical surveillance process, contact the Biological Safety Officer, (831) 459-2553 or biosafety@ucsc.edu.

Reviewed by:

REVIEWING CLINICIAN SIGNATURE

PID#

DATE

C

5210.

You must complete Forms A, B and C

When complete, mail or fax this Form, along with Forms A and B, to -
SCOMC, 610 Frederick Street, Santa Cruz, CA 95062, secure fax (510) 653-5210.



Animal Contact Occupational Medical Surveillance

Instructions to Participant: Please complete only the top contact information on this Form C. You must also provide completed Forms A and B. To protect your privacy, put Forms A, B, and C in a sealed envelope and mail directly to SCOMC or send to SCOMC via secure fax.

Participant Name:

Job Title:

E-mail Address:

Phone:

Department:

Participant is submitting information for:

Initial Enrollment

Follow Up Evaluation

MEDICAL RECOMMENDATIONS *(SCOMC Use Only)*

- CLEARED. The above participant is cleared for contact with the designated animal(s) listed on Form A.
- CLEARED, PENDING FURTHER INFORMATION (Animal Contact OK). Contact SCOMC for follow-up. Participant may have contact with the designated animal(s) listed on Form A during the evaluation process.
- FOLLOW UP EVALUATION NEEDED (No Animal Contact). Contact SCOMC for follow-up. Participant is not presently cleared for contact with the designated animal(s) listed on Form A.
- The above participant is NOT CLEARED for contact with the designated animal(s) listed on Form A.
- Initiate participation in UCSC Respiratory Protection Program
- Tetanus vaccine booster
- Hepatitis B vaccination series Post vaccination titer

Comments: _____

SCOMC Provider Signature: _____ Date _____

SCOMC: Mail completed forms and billing invoice to:
UC Santa Cruz
Attn. EH&S; Mail Stop: EHS Trailer
1156 High Street
Santa Cruz, CA 95064

Form A: Animal Contact Risk Assessment Questionnaire
Form B: Animal Contact Medical History Questionnaire
Form C: Animal Contact Occupational Medical Surveillance