



**Please complete this form, along with form B (Medical History Questionnaire)**

Mail or deliver Forms A, B, and C to:  
**Concentra Medical Center**  
**4205 Franklin Avenue, Waco, Texas 76710**  
To protect your privacy, please put all forms in a sealed envelope.

**Health Risk Assessment Evaluation Questionnaire**

**Purpose:** This form is provided to Principal Investigators (P.I.) or supervisors for the purpose of identifying specific work exposures and potential health hazards in the work environment. This form is used in conjunction with the Medical History Questionnaire for participants with Research Animal Contact to determine what health and safety services or recommendations are appropriate for the individual to work safely with research animals.

**Instructions:** The P.I. or supervisor must complete the form A for each individual under their supervision with research animal contact. Both the PI and employee/participant must sign the completed A form. The completed form A should be given to the participant to bring or send along with the completed form B to **Concentra Medical Center.**

Participant Name:

Job Title:

Email Address:

Baylor ID #:

Date of Orientation to Animal Research:

Telephone:

**Participant Status (check all that apply):**

- Faculty                       Staff                       Graduate Student                       Undergraduate Student
- Visiting Scientist                       Other:

P.I./Supervisor Name:

Department:

PI Email Address:

Telephone:

|  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| Is animal husbandry an essential part of the participants duties?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the participant’s work require contact with:  |                          |                          |
| Human blood, tissues or cells in animals?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Please list (specific type):   |                          |                          |
| • Infectious agents in animals? (Including but not limited to virus, bacteria, fungi, protozoa or parasites.) Please list (specific agents): | <input type="checkbox"/> | <input type="checkbox"/> |
| Biosafety level 3 (BSL-3) agents in animals?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Please list:   |                          |                          |

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| • Pregnant mammals (rodents excluded)  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Wild-caught mammals or wild-caught birds   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Venomous animals   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Chemicals, including anesthetic gases, in animals.<br>If yes, list:  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Will you be involved in any off-site animal work (e.g., field work)?<br>If yes, please provide: IACUC Protocol #:<br>List location(s): | <input type="checkbox"/> | <input type="checkbox"/> |

**Species Contact:** Identify all levels of exposure for each species or tissue for the participant named above and check the appropriate column[s]. Check "0" if no direct or indirect contact.

**Level 0** - No animal contact.

**Level 1** - No direct contact, but enters area where research animals are used.

**Level 2** - Does not conduct procedures on live animals but handles "unfixed" animal tissues and fluids.

**Level 3** - Handles, restrains, collection of specimens or administers substances to live animals.

**Level 4** - Performs invasive procedures such as surgery, necropsy

| <b>LEVEL OF EXPOSURE</b> |                          |                          |                          |                          |                          | <b>LEVEL OF EXPOSURE</b> |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Species</b>           | <b>0</b>                 | <b>1</b>                 | <b>2</b>                 | <b>3</b>                 | <b>4</b>                 | <b>Species</b>           | <b>0</b>                 | <b>1</b>                 | <b>2</b>                 | <b>3</b>                 | <b>4</b>                 |
| Amphibian                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mice                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Birds                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Poultry                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fish                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rabbit                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gerbil                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rat                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Guinea Pig               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reptile                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hamster                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wild Rabbit/Mice/Rat     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other:                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |

By signature, I certify that the information provided is accurate to the best of my knowledge.

\_\_\_\_\_  
PI/SUPERVISOR SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
EMPLOYEE/PARTICIPANT SIGNATURE

\_\_\_\_\_  
Date