



Please complete this Form D

Health Risk Annual Reassessment Follow-Up Questionnaire

Please email this form to the address specified in the form below.

Our records indicate that you are enrolled in the Baylor University animal care and use occupational Health and Safety Program. There is a requirement for reassessment of hazards and risks for animal care and use activities. Please complete this form and submit it to the appropriate place per instructions.

Date:  Faculty  Staff  Student

Name:

Email:

1. I am still involved in occupational activities associated with the animal care and use program:
  - YES - if yes, continue with question #2
  - NO - If no, please sign and date the form and return to EHS (address below).
2. To the best of my knowledge, my occupation risks using animals have remained the same during the past year:
  - YES – Sign, date, and email this form to Karalyn\_Humphrey@baylor.edu
  - NO – If no, please continue with this form and email to henvara@gmail.com
  - a. List **ALL** species of animals you work with at BU:

3. Describe your work with animals (i.e. feed & water, perform surgery, clean cages, restrain animals, etc.):

4. Do you work in a high noise area/building?  NO  YES Area or Building:  
a. If yes, are you enrolled in a hearing conservation program?  NO  YES

5. Will you work with wild animals?  NO  YES If yes, what species:

6. Do you work with sick animals?  NO  YES If yes, explain:

7. Have you had a **tetanus vaccination** in the last 10 years?

NO

YES If yes, approximate date:

8. Have you had the 3 shot pre-exposure series or the 5 shot post-exposure rabies vaccination?  
 NO  YES If yes, approximate date:
9. Have you had an antibody titer run?  NO  YES If yes, approximate date:  
Titer:
10. Have you had a change in your personal health status (i.e. pregnancy, chronic illness, allergies, that might affect your level of risk in working with animals)?  NO  YES  
a. If yes, please list:
11. Are you under the care of a physician for a medical condition that has or will last longer than 6 months?  
 NO  YES If yes, please list:
12. Do you have any allergies (hay fever, asthma, hives, eczema, allergic skin rashes) or are you allergic to animals, plants, molds, pollens, latex, or other substances?  
 NO  YES  
a. If yes, please list:
13. Do you have clinical symptoms of allergies in the workplace?  NO  YES  
a. If yes, would you describe your symptoms as:  Mild  Moderate  Severe
14. Do you have any medical or physical conditions that might affect your ability to work around animals, or health concerns about working with animals?  NO  YES  
a. If yes, please explain:
15. Do you have a medical condition or take any medication that might affect your ability to resist infections associated with working with animals?  NO  YES  
a. If yes, please explain:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remember that if you are injured or become ill working with animals, it is your responsibility to inform your supervisor and take appropriate action.