**Occupational Health**

**Risk Assessment Questionnaire**

**The University of Montana Institutional Animal Care and Use Committee (IACUC)**

The information requested in this questionnaire will be used only to determine your level of risk in regard to work with research and teaching animals at UM. Your responses to this questionnaire are considered confidential; they will be reviewed by the occupational health program medical professional.

**[ ]  I choose to participate in Risk Assessment. Please fill out all the information requested below.**

**[ ]  I decline participation in Risk Assessment at this time. Please fill in your name and other identifying information below.**

You may use the following 2 options to return your completed form:

* Mail via campus mail or USPS to: **Dionne Peterson, Curry Health Center, UM, Missoula, MT 59812, or email to** **dionne.peterson@mso.umt.edu**

Date: Your UM ID #: **790-** Local Phone #:

Last Name: First Name:

Gender: M [ ]  F [ ]  Date of Birth: E-mail:

Local mailing address:

 Street City State Zip Code

Faculty [ ]  Staff [ ]  Student [ ]  Visitor [ ]

Principal Investigator (person you work for): Department:

Projected duration of project/duties involving animals:

**What kind of animal contact will you have in your affiliation with UM?**

[ ]  No direct contact (visitor, Facilities Services, Campus Police, etc.)

[ ]  Less than 8 hr a week of direct animal contact

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**What species of animals will you be exposed to in your affiliation with UM?**

(This includes direct contact with animals, animal tissues and/or wastes, and animal enclosures.)

[ ]  Lab mice or rats [ ]  Lab hamsters [ ]  Lab or wild birds [ ]  Wild mammals (list)

[ ]  Lab rabbits [ ]  Lab Peromyscus [ ]  Aquatics [ ]  Other (list)

[ ]  Lab guinea pigs [ ]  Lab degu

**Are you working directly with infectious agents in animals?** [ ]  Yes [ ]  No

[ ]  **Laboratory Animals**: Inoculating animals with infectious agents. List agents:

[ ]  **Wildlife Species**: Working directly with species that may be infected with zoonotic agents (those infectious to humans; e.g., Hantavirus, West Nile Virus, rabies, etc.). List agents:

**Medical History**

* Do you have any of the following? (Check all that apply)

[ ]  Allergies to animals [ ]  Chronic health problem such as diabetes

[ ]  Asthma [ ]  History of problems with your spleen or absence of your spleen

[ ]  Immune deficiencies [ ]  Condition treated with oral corticosteroids, radiation therapy or cancer therapy

* Are you allergic to?

[ ]  Dogs [ ]  Cats [ ]  Guinea pigs [ ]  Rats or mice [ ]  Latex

[ ]  Birds [ ]  Rabbits [ ]  Hamsters [ ]  Farm animals [ ]  Other

* Date of your last tetanus vaccination (revaccination recommended every 10 years):
* **If applicable:**
	+ Date of rabies series completed:
	+ **Date of rabies booster or titer (please specify):**
* List all currently prescribed medications: