**First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Status: Student Staff Faculty**

**Medical History:**

**Have you ever been treated for:**

1. **Allergies, allergic or chronic rhinitis, sinusitis ………………………………..YES NO**
2. **Anaphylaxis (Severe allergic reaction) ………………………………….……..YES NO**
3. **Asthma …………………………………………………………………….……..YES NO**
4. **Chronic cough …………………………………………………………….……..YES NO**
5. **Eczema, hives, skin rashes ………………………………………….…………..YES NO**
6. **Do you have a history of immunosuppression from medication or medical condition? …..YES NO**
7. **If you answered yes to 1 – 6, please provide the details:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Exposure History:**

1. **Have you ever experienced medical or health problems related to your exposure to animals? ...........................................................................................................YES NO
If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Immunization History:**

1. **Was your last tetanus booster received greater than five years ago?.......YES NO**
	1. **Date of last tetanus booster \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that working within animal facilities may expose me to a number of allergens, including animal dander, and latex. This exposure may cause or worsen allergic reactions, including asthma. If I have concerns about possible allergic reactions and /or other medical conditions, I should contact the Student Health Services at 215-572-2966 or my personal physician.**

**Working within animal facilities may expose me to a variety of other risks including exposure to infectious agents, risk of being bitten by an animal, and exposure to insects or other infestations of the animals. I have read and understand the “Rat Zoonoses” statement on the back of this form.**

I have completed this questionnaire honestly and completely.

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

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

\_\_\_\_\_ I have reviewed this risk assessment form and the individual listed above is cleared for participation in the animal care and use program at Arcadia University:

\_\_\_ The individual listed above is NOT cleared for participation in the animal care and use program at Arcadia University until the following requirements are met: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupational Health Professional \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_

|  |
| --- |
| **MAJOR ZOONOSES OF RATS** |
| **PATHOGEN** | **TRANSMISSION** | **HUMAN DISEASE** | **ANIMAL DISEASE** |
| *Streptobacillus moniliformis,**Spirillum minor*(Rat bite fever, Haverhill fever) | animal bites, ingestion of contaminated food products | usually a subclinical infection, but purulent lesions have been reported in some animals | polyarthritis, myalgias, regional Lymphadenopathy, fever |
|  Salmonellosis (most rodents) | fecal-oral, ingestion of contaminated products | malaise, dehydration, bloody diarrhea | dehydration, vomiting, abdominal pain, nausea |
| Leptospirosis (most rodents) | direct contact with contaminated urine | Infertility, fever, anorexia, anemia | headache, myalgia, conjunctivitis, nausea |
| Lymphocytic Choriomeningitis (rats and hamsters) | exposure to saliva or urine from infected animals or to infected cell lines in the lab (fomites may play a role) | viremia, viuria, and chronic wasting disease | subclinical infection, mild flu-like symptoms; viral meningitis and encephalitis (rare) |
| Hantavirus (rats and mice) | exposure to aerosols, urine, and fecal material from infected animals (fomites may play a role) | subclinical | fever, myalgia, petechiation, abdominal pain, headache |
| Dermatophytosis (*Trichophyton* *mentagrophytes)* | direct contact |  circular raised erythematous lesions with hyperkeratosis and hair loss | circular raised erythematous lesion with hyperkeratosis and hair loss |

 **MAJOR ZOONOSES OF WILD RODENTS**

**Wild rodents can harbor additional pathogens including but not limited to Campylobacter, Haemorrhagic Fever, (Hantavirus), Listeria, Pasteurellosis, Rickettsial pox, Sarcoptic mange, Tapeworms, and Yersiniosis.**

 **ALLERGENS**

**Rats:** Rats are among the most commonly used laboratory animals. The major sources of rat allergen exposure appear to be urine and saliva. The major rat urine allergen is *Rat n* (isoforms 1 A and 1 B). Disturbance of bedding can leave allergens airborne for 15-35 minutes. Exposure concentrations seem to be task related. Cage cleaning results in a much higher concentration of airborne allergens than does other tasks like weighing, shaving, blood collection, and urine collection.

 **References**

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Committee on Occupational Health and Safety in Research Animals Facilities, Institute of Laboratory Animal Resources, Commission of Life Sciences, National Research Council. 1997. Occupational Heallt and Safety in the Care and Use of Research Animals. National Academic Press. Washington, DC.

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**Revised from: http://www.upenn.edu/regulatoryaffairs/animal/species.html**