**Annual Health Status for Hazardous Agents and Animal Contact**

**Instructions:** Completion of this form is a requirement for all FIU employees who work with animals, hazardous agents, or require access to areas where these materials may be used, and will help EH&S evaluate risks to your health from exposure to these agents.

**Filling the Form:** Click on any field to begin. Proceed to use the tab and arrow keys to navigate from field to field. Click on check boxes. Where signatures are required, you can either insert a signature image or print document and sign.

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| **SECTION I: EMPLOYEE OR AFFILIATE INFORMATION** | | | | | | | | | |
| Name: | |  | | | | Telephone Number: | |  | |
| Job Title: | |  | | | | Panther ID: | |  | |
| Email Address: | |  | | | | | | | |
| Participant Status: | | | | | | | | | |
|  | Faculty | |  | Staff |  | | Grad Student |  | Volunteer |
|  | Visiting Scientist | |  | Undergrad Student |  | | Other: |  | |
|  | | | | | | | | | |

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| **SECTION II: PRINCIPAL INVESTIGATOR/SUPERVISOR INFORMATION** | | | |
| P.I./Supervisor Name: |  | Job Title: |  |
| Email Address: |  | Telephone: |  |
| Department: |  | | |
| **NOTE:** If employee or participant will conduct work in an area(s) not under the responsibility of the P.I./Supervisor listed above, please provide the responsible individual’s contact information below: | | | |
| Facility/Area Supervisor: |  | Job Title: |  |
| Telephone: |  | Department: |  |
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| **SECTION III: WORK WITH HAZARDOUS OR PHYSICAL AGENTS** | | | | | | | | |
| I am currently working with/exposed to (Check all that apply): | | | | | | | | |
|  | Biological Agents | |  | Chemicals | |  | | Controlled Substances |
|  | Ionizing Radiation | |  | Nanomaterials | |  | | Non-Ionizing Radiation |
|  | Noise | |  | Thermal Stress | |  | | Ergonomic |
|  | I am no longer exposed to these agents | | | | | | | |
| Has there been any change in the level of exposure to these agents since the last questionnaire was completed? | | | | | \*YES  NO | | | |
| If **Yes**, describe below: | | | | | | | | |
|  | | | | | | | | |
| **SECTION IV: WORK WITH ANIMALS** | | | | | | | | |
| Check all that apply: | | | | | | | | |
|  | | No direct animal contact, but enters areas where research animals are used | | | | | | |
|  | | Does not conduct procedures on live animals, but handles “unfixed” tissues and fluids | | | | | | |
|  | | Handles, restrains, collects specimens, or administers substances to live animals | | | | | | |
|  | | Performs invasive procedures such as surgery or necropsy | | | | | | |
|  | | I am no longer exposed to animals | | | | | | |
| Has there been any change in the level of exposure to animals since the last questionnaire was completed? | | | | | | | \*YES  NO | |
| If **Yes**, describe below: | | | | | | | | |
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| **SECTION V: HEALTH QUESTIONNAIRE** | |
| Have you had any on-the-job injuries or exposures since the last evaluation? | \*YES  NO |
| Have there been any changes in your health history in the last year? | \*YES  NO |
| Have you developed any NEW symptoms since the last evaluation? | \*YES  NO |

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| **SECTION VI: ACKNOWLEDGEMENT AND SIGNATURES** | |
| By this signature, I acknowledge and agree with all the information above. I have been notified of the risks and symptoms associated with exposure to the designated agent(s). | |
|  |  |
| PARTICIPANT SIGNATURE | DATE |
| By this signature, I certify that the information provided is accurate to the best of my knowledge. The employee/participant has been notified of the risk and symptoms associated with exposure to the designated agent(s). | |
|  |  |
| P.I./SUPERVISOR SIGNATURE | DATE |
| If applicable: | |
|  |  |
| AREA/FACILITY SUPERVISOR SIGNATURE | DATE |

**Copy**: Supervisor **Copy**: EH&S **Copy**: Medical Provider (if applicable)  
\*May require further evaluation by the medical provider