Animal Exposure Program Enrollment Checklist

1. Prior to enrollment, please read the Animal Exposure Program document contained in the EHS website by clicking on the "EHS Programs" section of the toolbar and click on "Animal Exposure Program" under Research and Environmental Support.

2. Download the AEP Packet from the EHS website. The two required forms in the packet are:
    a. Medical Surveillance Form (MSF)
    b. Medical Questionnaire Form (MQF)

3. Principal Investigators (PI), Supervisors or the Designated Contact Person should fill out and sign the MSF for their enrollees. The PI may sign her or his own MSF when self-enrolling.

4. The PI shall be aware if any additional services other than screening for animal exposure are needed for their enrollee. The PI shall select the appropriate additional services on the MSF. These services may include:
    a. Respirator Examination
    b. Hepatitis B/Tetanus immunizations
    c. QuantiFERON®-TB Gold Test for BSL-3 access

5. Enrollees should fill out their own MQF to the best of their ability and sign it. It is important for the enrollee to provide all requested information on the MQF so that he or she can be properly evaluated by the physician. It should not be reviewed by the PI or supervisor.

6. The questions contained in the MQF are considered confidential and must only be provided directly by you to Centra Care. Once the MQF is submitted to Centra Care, access to the form is limited by federal law (e.g., HIPAA).

7. It is recommended to call and make an appointment prior to bringing your forms to one of the Centra Care locations. If you arrive without a completed and signed MSF, your forms will not be accepted and you will be directed to report to your PI or supervisor to obtain a signature and then return to Centra Care.

8. Bring both completed forms to a Centra Care location at either University, Conway, South Orange or Employer Care for processing.

9. A medical evaluation may be requested by the Occupational Health Physician during your visit or you may be requested to return for an additional visit. If further evaluation is required, Centra Care will reach out to the enrollee directly. Most individuals will not require a medical evaluation.

10. Centra Care Addresses:
    a. For individuals at UCF Main Campus, University Centra Care at 11550 University Boulevard, Orlando; phone: 407-384-0080
    b. For individuals at Lake Nona Campus, the closest location is the Conway Centra Care at 5810 South Semoran Blvd, Orlando; phone: 407-207-0601

11. Upon completion, Centra Care will send an Occupational Clearance Form to EHS to be filed. EHS will provide a copy of the form to the enrollee, your PI or supervisor. No confidential medical information is contained on the Occupational Clearance Form.

Animal Exposure Program Medical Questionnaire

Name: _____ UCF ID#_____ ☐Employee ☐Student ☐Volunteer

Address:_____ Phone:_____

Email:_____ Date of Birth: _____Cell Phone: _____

Supervisor/PI: _____ Department Name:_____ Date:_____

A. Immunization and Infectious Disease History

Have you ever had or do you now have any of the following immunizations? You must supply most recent year for immunization.

If the answer is yes, you must supply a date. If the answer is no, check the 'no' column. If the answer is unknown, select "Don't know".

Incomplete forms will be returned.

Vaccination History

	Yes	Date	No	Don't Know	Incomplete (Hep. B only)
Tetanus	☐	_____	☐	☐	
Hepatitis B (Series of 3)	☐	_____	☐	☐	☐

1. Will you be working with any biological materials? ☐ Yes ☐ No
   If yes, please explain:
   _____

2. Have you ever been diagnosed with an infectious, viral, bacterial, or parasitic illness that had been confirmed to have come from an animal? ☐ Yes ☐ No
   If yes, please explain:
   _____

3. Have you ever suspected that you have acquired an illness from an animal or animal materials/tissue at work or elsewhere, but were unable to confirm this? ☐ Yes ☐ No
   If yes, please explain:
   _____

B. Medical History

1. Have you been told by a physician that you have an immune compromising medical condition or are you taking medication that impair your immune system (steroids, immunosuppressive drugs, or chemotherapy)? ☐ Yes ☐ No
   If yes, please explain:
   _____

2. Have you been told by a physician that you have a chronic medical condition? ☐ Yes ☐ No
   If yes, please explain:
   _____

3. Are you currently taking any other medications? ☐ Yes ☐ No
   If yes, please explain:
   _____

C. Allergies/Asthma

1. Are you allergic to any animal(s)? ☐ Yes ☐ No

If yes, list the animals that caused your allergy symptoms: _____

2. Do you have any other known allergies? ☐ Yes ☐ No

If yes, please describe: _____

3. List symptoms that occur when you are suffering from your allergies.

☐ Sneezing ☐ Skin rash or hives ☐ Shortness of breath
☐ Watery or itchy eyes ☐ Runny or stuffy nose ☐ Other: _____
☐ Wheezing / Chest tightness ☐ Coughing

4. Does personal protective equipment alleviate these symptoms? ☐ Yes ☐ No

5. Have you ever been treated at a hospital, emergency room, urgent care or by paramedics for animal allergies? ☐ Yes ☐ No

6. List treatment that you receive to relieve your allergies: _____

7. Have you been treated for asthma? If yes, please list: ☐ Yes ☐ No

a. The cause(s) of your asthma: _____

b. Have you ever been hospitalized for asthma: _____

c. The number of asthma attacks per month: _____

d. The medications you take for your asthma: _____

8. Do you have skin problems related to work (e.g. reactions to latex gloves, dry/cracked skin, rashes)? ☐ Yes ☐ No

If yes, please describe: _____

9. Do you experience shortness of breath at work? ☐ Yes ☐ No

If yes, please explain: _____

10. Is there a family history of hay fever, asthmas, skin problems, or eczema? ☐ Yes ☐ No

If yes, please explain: _____

11. Outside of work, do you have any exposure to animals? ☐ Yes ☐ No

If yes, please explain: _____

D. Pregnancy

1. Are you pregnant, suspect you are pregnant or contemplating pregnancy? ☐ Yes ☐ No

2. Do you have work related questions concerning pregnancy that you would like to discuss with an Occupational Medicine Physician? ☐ Yes ☐ No

If yes, please explain: _____

E. Additional Questions and Concerns

1. Do you wish to talk to a medical provider concerning laboratory/client animals, hazards, or this questionnaire? ☐ Yes ☐ No

I have answered the questions on this form truthfully and to the best of my knowledge.

Enrollee Name (print) _____

_____ Date: _____

Enrollee Signature

Centra Care
FLORIDA HOSPITAL URGENT CARE

Employee / Applicant: _____

University of Central Florida

_____ **Medical Surveillance AEP (24501094)**

Available at University, Conway, South Orange and Employer Care

Exams		Lab Tests	
	Animal Worker Medical Directorship questionnaire review		Hepatitis B Antibody
	Respirator Examination Medical Directorship questionnaire re		Complete Metabolic Panel (CMET Panel)
	Dive Physical Examintion		HEMGPD
	Other: _____		Lipid Panel
	Other: _____		Other: _____
Occupational Health Testing		**Immunizations**	
	Spirometry - Pulmonary Function		Hepatitis B Vaccination
	Audiometry		PPD - TB Test
	Titmus Vision Screening - Conway does not have this machine		Quantiferon blood draw - South Orange & Employer Care only
	OSHA Respirator Questionnaire		Hepatitis A Vaccination- call ahead to the center - this is special order
	Resting EKG		Influenza Vaccination
	Two View Chest X-ray		Meningitis - at Employer Care only
	Exit Exam		MMR - call ahead to the center - this is special order
			Pneumonia - at Employer Care only
			Polio - at Employer Care only
			Typhoid - at Employer Care only
			Varicella - at Employer Care only
			Yellow Fever - at Employer Care only
			Twinrix - call ahead to the center - this is special order
			Tdap
			Tetanus
			Shingles (Zoster) - at Employer Care only

Supervisor: Date: Phone:

Phone Auth From: Received by: Date:

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