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| **Annual Reassessment**  700# | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Our records indicate that you are enrolled in the UCM animal care and use Occupational Health and Safety Program (OHSP). There is a requirement for reassessment of hazards and risks for animal care and use activities. Please complete this form and return it to the University Health Center (UHC). As indicated on this form, if you have a change in occupational risks using animals in the past year you will also need to fill out the OHSP Form and submit it to the University Health Center (UHC). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date: | | | | | |  | | | | | | | | | | | | | | Protocol Number: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Faculty | | | | | | | | | | |  | | | Staff | | | |  | | Student | | | | |  | |
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| Name: | | | | | | |  | | | | | | | | | | | | | | | | | | Work Phone: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Email: | | | | | |  | | | | | | | | | | | | | | | |
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| Department: | | | | | | | | | | | | |  | | | | | | | | | Supervisor/PI (required): | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | M | | | |  | F |  | |
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| Position/Title: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | | |
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| 1. I am still involved in occupational activities associated with the animal care and use program: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | | | |  | | | | If yes, complete the rest of the form and return to UHC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | | | |  | | | | If no, sign form and return to IACUC and your file will be deactivated in the OHSP database. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. To the best of my knowledge, my occupation risks using animals have remained the same during the past year: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | YES | | | | | | | | |  | | | Proceed to question 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | NO | | | | | | | | |  | | | If no, please answer the following questions: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| a. List ALL species of animals you work with at UCM: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has this list changed? | | | | | | | | | | | | | | | | | | | | | YES | |  | | NO | | | | |  | | If no, proceed to b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| b. Describe your work with animals (i.e. feed & water, perform surgery, clean cages, restrain animals, etc) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| c. Do you work in a high noise area/building? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | |  | | | | | NO | | | | |  | | | | | Area or Building: | | | | | | | | | | | | |  | | | | | | | | | |
| If yes, are you enrolled in a hearing conservation program? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | |  | NO | | | | |  | | |  | | | | | | | | | | | |
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| d. Will you work with wild animals? | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | |  | | NO | | | | |  | If yes, what species? | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| e. Do you work with sick animals? | | | | | | | | | | | | | | | | | | | | | | | | YES | | |  | | | | NO | | | |  | | | If yes, explain: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| f. Have you had a tetanus vaccination in the last 10 years? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | |  | | | NO | | | |  | |  | | | | | | | | | |  | | | | |
| If yes, approximate date: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| g. Have you had the 3 shot pre-exposure series or the 5 shot post-exposure rabies vaccination? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | YES | | | |  | | | | | NO | | | | | |  | | If yes, approximate date: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| h. Have you had an antibody titer run? | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | |  | | | NO | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| If yes, approximate date: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | TITER: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | |
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| 3. Have you had a change in your personal health status during the last year that might affect your level of risk in working with animals? Examples might include pregnancy, chronic illness, development of allergies, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | YES | | | |  | | | | NO | | | | | | |  | | If yes, please explain: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| * If you have a change in health status that might affect your occupational risk with animals, it is your responsibility to fill out OHSP Occupational and Health Risk Reassessment and submit it to the University Health Center. * Remember that if you are injured or become ill working with animals, it is your responsibility to inform your supervisor and take appropriate action. * The OHSP Fact Sheets can change, so you should review pertinent Fact Sheets as appropriate. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please return this form to the:**  **University Health Center**  600 S College  Warrensburg MO 64093 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |