**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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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Percy, DH and SW Barthold. 1993. Pathology of Rabbits and Rodents. Iowa State University Press. Ames, Iowa.

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