



# West Texas A&M University™

## ACADEMIC RESEARCH ENVIRONMENTAL HEALTH AND SAFETY

### STANDARD OPERATING PROCEDURES

**SOP No. 24.01.01.W1.43AR WTAMU Occupational Health Program**

Approved: September 29, 2014

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Environmental Health and Safety at West Texas A&M University (WTAMU) is composed of two distinct but integrated environmental safety departments that report to the Vice President of Research and Compliance. Academic and Research Environmental Health and Safety (AR-EHS) is responsible for research and academic related compliance, which includes laboratory and academic research and the associated compliance committees. Fire and Life Safety (FLS-EHS) is responsible for fire related compliance and conducts fire and life safety inspections of campus buildings and assists with the testing all fire detection and suppression systems.

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**PURPOSE**

The West Texas A & M University (WTAMU) Occupational Health Program (OHP) is an umbrella program covering a broad range of areas that are over diverse disciplines. The purpose and goal of the WTAMU OHP is to identify, evaluate, manage, and reduce potential health risks associated with the WTAMU environment. It integrates exposure assessment, risk mitigation, and medical surveillance services to improve the occupational health and safety of the WTAMU employees and to comply with federal and state regulations. AT WTAMU, the following programs are components of the Occupational Health Program:

**Research Committees:** Protocols located at: [Academic and Research | WTAMU](#)

- ✓ Institutional Biosafety Program (IBC) - [15.99.05.W1.03AR WTAMU Institutional Biosafety Committee](#)
- ✓ Institutional Animal Care and Use (IACUC) - [15.99.05.W1.02AR WTAMU Institutional Animal Care and Use](#)
- ✓ Institutional Review Board for Human Subjects (IRB) – [15.99.05.W1.01AR WTAMU Institutional Review Board \(Human Subjects Research\)](#)

**Other research protocols:** Protocols located at: [wtamu.edu/arehs](http://wtamu.edu/arehs)

- ✓ Laboratory Safety and Health Management Procedure - [24.01.01.W1.18AR Laboratory Safety and Health Management Procedure](#)
- ✓ Respiratory Protection Program - [24.01.01.W1.40 AR WTAMU Respiratory Protection Program](#)
- ✓ Blood Borne Pathogen Program - [24.01.01.W1.15AR WTAMU Bloodborne Pathogens Exposure Control Plan](#)
- ✓ Biological Safety Procedure – [24.01.01.W1.23AR Biological Safety Procedure](#)
- ✓ Radiation Safety Procedures – [24.01.01.W1.20AR](#)
- ✓ Reproductive Risks Procedure – [24.01.01.W1.19AR](#)
- ✓ Chemical Safety Procedure – [24.01.01.W1.22AR](#)
- ✓ Chemical Hygiene Plan – [24.01.01.W1.33AR](#)
- ✓ Agriculture Safety Procedure – [24.01.01.W1.25AR](#)
- ✓ Personal Protective Equipment Procedure – [24.01.01.W1.27AR](#)
- ✓ Laser Safety Procedure – [24.01.01.W1.39AR](#)
- ✓ Respiratory Protection Procedure – [24.01.01.W1.40AR](#)

## PROGRAM SCOPE AND OUTLINE

### 1. How to determine who has potential Occupational Health Risk?

- a. **Upon creation of the request to fill a job. The individual creating the role must identify anticipated job hazards on the EVAF. This is reviewed by EHS and a hazard assessment is conducted.**
- b. **Upon hire, all employees complete a WTAMU questionnaire known as a “Jotform”. This is the employee’s acknowledgement of the occupational hazards expected for the role. The Jotform is reviewed by EHS staff and a second assessment is conducted. Employees are notified of any training, or health services obligations via email.**
- c. **By Compliance Committee Referral:** Research protocols are vetted through the WTAMU Compliance Committees, including Institutional Review Board for Human Subjects (IRB), Institutional Animal Care and Usage Committee (IACUC), and Institutional Biosafety Committee (IBC). Recommendations are completed using the WTAMU Occupational Health Risk Assessment and Enrollment Form (Appendix A).
- d. **By Job Descriptions in Potential Risk Areas:** WTAMU is required to enroll any research participants who correspond to the following job descriptions:
  - Participants who come into contact with vertebrate animals, their waste, blood, body fluids, or cell lines – or items soiled with the same.
  - Participants who work in field (outdoor) research
  - Participants who work with hazardous chemicals or materials
  - Participants who work with human waste, blood, body fluids – or items soiled with the same.
  - Participants who have contact with animal or human cells, tissues, biological agents, Recombinant (rDNA).
  - Participants who work with Radioactive material
  - Participants who work with class 3b or 4 lasers
  - Participants who work with respiratory hazards, chemical vapors, confined spaces, and other particulates
  - Participants working with hazardous or toxic chemicals

➤ Other Occupational Health concerns

- e. **By Identification of Potential Occupational Risk during WTAMU Laboratory Inspections**, conducted by EHS.
- f. **By Identification of Potential Occupational Risk during Submissions of Grants and Sponsored Research.** The Office of Sponsored Research Services will forward any such potential occupational health recommendations to the Supervisor of EHS.
- g. **By Self-Identification:** A participant self identifies an occupational health and safety concern directly to EHS, for example, exposure to allergens. (Using the WTAMU Occupational Health Risk Assessment and Enrollment Form in Appendix A.)
- h. **Through Recommendation of Administrators, Faculty, Instructors, or Students** who identify potential areas of occupational risk in teaching and research venues.

## II. Notification:

WTAMU EHS will contact participants who need to enroll in the Occupational Health Program based on the incoming recommendations described above. Enrollment in the WTAMU Occupational Health Program allows individuals to have the choice of accepting or declining participation in the medical services.

Accepting participation gives the individual access to medical surveillance at no cost to the individual, as well as all educational materials, personal protective equipment, and other support services aimed at preventing occupational injuries and exposures.

Declining participation gives the individual access to educational materials, personal protective equipment, and other support services aimed at preventing occupational injuries and exposures, however; no medical surveillance will be offered.

Employees who decline to participate should be aware that they may be denied access to certain facilities or prohibited from certain activities.

Individuals who accept participation in medical service are required to fill out the medical section on the Risk Assessment and Enrollment form (Appendix A), which is a 15 question document that asks about vaccination history, any allergies, or immune compromising conditions.

**Training:** Participants enrolled in the Occupational Health Program are required to complete appropriate training on hazards and appropriate safety measures related to their associated occupational risk area. It is the responsibility of the participant to ensure that those working in his/or her laboratory or field setting are enrolled in the OHP and properly trained on all hazards associated with the environment, materials and instruments with which they work. Participants can contact EHS to assist with safety training needs. Contact EHS at: 806.651.2774 or ar-ehs@wtamu.edu.

EHS will assign appropriate training depending upon the occupational health enrollment area(s). WTAMU has provided an extensive list of standard operating procedures at [www.wtamu.edu/arehs](http://www.wtamu.edu/arehs) for review. Training is assigned and conducted through the [Texas A&M University System TrainTraq software](#), face-to-face training, or by Collaborative Institutional Training Initiative (CITI). Student training may be conducted through the [WTClass portal](#).

West Texas A & M University Environmental Health and Safety will follow the Texas A & M University System Policy [33.05.02 Required Employee Training](#). Staff and faculty whose required training is delinquent more than 90 days will have their access to the Internet terminated until all

trainings are completed. Only Blackboard and Single Sign-on will be accessible. Internet access will be restored once training has been completed. Student workers whose required training is delinquent more than 90 days will need to have their employment terminated by their manager through Student Employment.

## **WTAMU OHP PROGRAM STEPS**

1. Participant is recommended/selected for enrollment in the WTAMU Occupational Health Program based on one of the methods listed in Section I, How to determine who has potential Occupational Health Risk (page 2).
2. EHS conducts an initial evaluation of health risks and establishes a baseline of a participant's health and potential exposure risks using the following form: WTAMU Occupational Health Risk Assessment and Enrollment Form (Appendix A). Mandatory training requirements will also be determined and assigned by EHS. Both the participant and the supervisor will be notified, by EHS, with any specific instructions regarding the participant's participation in the OHP. EHS may recommend risk specific preventive measures which may include immunizations, additional medical tests, or health monitoring. In many cases, an initial evaluation and risk assessment (Appendix A) is all that is necessary. Participants may decline medical/health surveillance activities. (Appendix A) Declining participation gives the individual access to educational materials, personal protective equipment, and other support services aimed at preventing occupational injuries and exposures, however; no medical surveillance will be offered.

Employees who decline to participate should be aware that they may be denied access to certain facilities or prohibited from certain activities.

3. **Clinical/Medical Examination:** For some participants, a clinical examination and vaccination(s) may be required. (Appendix B & D) WTAMU OHP has contracted with Family Medical Center in Canyon Tx, and Student Medical Services on the WTAMU campus for clinical examination and vaccination needs. Participation in the OHP is of no cost to the enrolled WTAMU employee, if using the WTAMU contracted provider. Students must pay for services if they utilize their own medical provider.

Family Medicine Center Canyon  
911 23<sup>rd</sup> St, Canyon TX, 79015  
Phone: 806.655.2104

Student Medical Services  
2620 N. Russell Long Blvd, Suite 104  
Canyon, TX 79016  
Phone: 806.651.3287

Any required medical evaluation will be conducted using the WTAMU Occupational Health Medical Surveillance and Authorization Form (Appendix B). The EHS Supervisor will provide a copy of this questionnaire and the WTAMU Occupational Health Risk Assessment and Enrollment Form (Appendix A) to all participants requiring medical evaluations.

Please note: EHS does not request and will not accept participant health records – only a recommendation from a credentialed medical doctor as to occupational health approvals or modifications.

4. Once the participant has completed steps 1-3, above, and has received the recommendation and approval by a contracted medical provider and EHS and appropriate training has been completed. He or she may begin work in the applicable research activity. An EHS administrator will send an “Authorization to Work” email to both the supervisor and employee granting permission to work.

In summary, a participant is enrolled in the WTAMU Occupational Health Research Program when he/she has received either:

- A risk assessment that indicates no medical evaluation is necessary (Appendix A); or
  - A risk assessment that indicates a medical surveillance and authorization is necessary and he/she has received the evaluation and any required interventions such as immunizations. (Appendix B)
  - A signed declination of participation is provided to EHS. (Appendix B & Appendix C if declining Hep B vaccination)
5. Subsequent annual updates and periodic reviews are performed by EHS to assess a participant’s changing risks (Appendix A: WTAMU Occupational Health Risk Assessment and Enrollment Form). Each participant is responsible for ensuring that they submit an updated form whenever there is a change in their health status. A participant will fulfill his/her annual occupational health requirements when he/she has received either:
    - A notice indicating that the application has been reviewed and no changes were indicated.
    - A risk assessment that indicates no medical examination continues to be necessary. (Appendix A)
    - A risk assessment that indicates a medical evaluation is necessary and he/she has received the evaluation and any required interventions. (Appendix A)
    - A signed declination of participation is provided to EHS. (Appendix A & Appendix C if declining Hep B vaccination)

**Change in Health Status:**

If at any time a participant experiences a change in their health status or a change in their level of animal exposure, he/she should update his/her information by submitting a new risk

assessment and enrollment form (Appendix A). Women who are pregnant or plan to become pregnant should immediately contact EHS. Exposure to certain biological agents may adversely affect the health of mother and fetus.

Personnel who work with animals and have chronic medical conditions are asked to disclose these conditions to the medical doctor (Family Medical Center Canyon or Student Medical Services). Such conditions can increase the risk or severity of animal exposure. These conditions must be evaluated as part of the health evaluation. Concerns and symptoms of inhaled and contact allergies to lab animals, field experiences, or laboratory contents should be reported as soon as they are noted to EHS. Personnel reporting illnesses potentially related to their work with animals or in laboratories should immediately see a physician. For emergencies, call 911. . .as soon as possible, EHS should be notified of the incident so as to conduct a follow-up investigation.

## **Record Retention**

### **Program Documentation and Recordkeeping**

A written, electronic copy of this SOP is available on the EHS website ([www.wtamu.edu/arehs](http://www.wtamu.edu/arehs)). It is available to all employees and students.

EHS will maintain copies of the medical clearance records for all employees and students covered under the WTAMU Occupational Health Program. All such records are confidential and will be kept in a secure and locked location. All medical evaluation records should remain with the appropriate medical practitioner or contracted provider (Family Medical Center Canyon or Student Medical Services). Only written recommendation regarding each employee's ability to engage in the associated occupational area will be retained by EHS.

No official state records may be destroyed without permission from the Texas State Library as outlined in [Texas Government Code, Section 441.187](#) and [13 Texas Administrative Code, Title 13, Part 1, Chapter 6, Subchapter A, Rule 6.7](#). The Texas State Library certifies Agency retention schedules as a means of granting permission to destroy official state records.

West Texas A & M University Records Retention Schedule is certified by the Texas State Library and Archives Commission. West Texas A & M University Environmental Health and Safety will follow [Texas A & M University Records Retention Schedule](#) as stated in the Standard Operating Procedure [61.99.01.W0.01 Records Management](#). All official state records (paper, microform, electronic, or any other media) must be retained for the minimum period designated.

## **Related Statutes, Policies, or Requirements**

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OSHA 29 CFR 1910.134

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## **Contact Office**

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WTAMU Environmental Health and Safety

(806) 651-2270

## West Texas A&M University

### Environmental Health and Safety Occupational Health Program Risk Assessment and Enrollment Form

**Why am I being asked to fill out this form:** West Texas A&M University is required by TAMUS, State and Federal regulations to provide an occupational health program for all individuals who may have occupational risk. Please answer the short questionnaire in Part I to determine your occupational risk status, or you can use the following link to the online version. [WTAMU Risk Assessment and Enrollment Form \(jotform.com\)](http://wtamu.edu/jotform.com) If you have questions or need assistance, please contact Environmental Health and Safety (EHS) at 806.651.2270 or [ar-ehs@wtamu.edu](mailto:ar-ehs@wtamu.edu).

**Part I: WORK ENVIRONMENT (Please check all that apply to your work).**

1. I will be working with pathogens (BSL-2, BSL-3), in vitro and in vivo (i.e., with animal use) Yes \_\_\_ No \_
2. I will be working with pathogens (BSL-2, BSL-3), in vitro only, (with no animal use) Yes \_\_\_ No \_
3. I will be working in areas where pathogens (BSL-2, BSL-3) are used Yes \_\_\_ No \_
4. I will be working in areas where animals are housed or used, with no direct animal contact Yes \_\_\_ No \_
5. I will be working on an animal use research or teaching protocol Yes \_\_\_ No \_
6. I will be working with animals under biosafety containment (ABSL-2, ABSL-3) Yes \_\_\_ No \_
7. I will be working in veterinary care/animal caretaking Yes \_\_\_ No \_
8. I will be working with feral or wild animals Yes \_\_\_ No \_
9. I will have contact with animal materials (cell lines, tissue, body fluids (saliva/mucus), blood) Yes \_\_\_ No \_
10. I will have contact with animal materials waste (urine or feces) Yes \_\_\_ No \_
11. I will have contact with human materials (cell lines, tissue, body fluids, blood) Yes \_\_\_ No \_
12. I will have contact with human materials waste (urine, feces) Yes \_\_\_ No \_
13. I will have contact with untreated human sewage/wastewater Yes \_\_\_ No \_
14. I will have contact with non-human primate materials (cell lines, tissue, body fluids, blood) Yes \_\_\_ No \_
15. I will have contact to biological hazards or animals in my duties Yes \_\_\_ No \_
16. I will have contact with sources of radiation Yes \_\_\_ No \_
17. I will have contact with hazardous or toxic chemicals Yes \_\_\_ No \_
18. I will work with respiratory hazards, chemical vapors, certain biohazards, confined spaces, and other particulates Yes \_\_\_ No \_
19. I will work with class IIIB or IV lasers Yes \_\_\_ No \_
20. I will be working in an area where hearing protection is needed Yes \_\_\_ No \_\_\_

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

**Print Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

If you answered 'No' to all of the questions above, you are not required to enroll in the WTAMU Occupational Health program. Please email this form to [ar-ehs@wtamu.edu](mailto:ar-ehs@wtamu.edu) or send to KRC 106. Thank you. If your risk/health status changes, please contact EHS.

If you answered 'Yes' to any of the questions above, please continue to page 2, Part II. You will be required to enroll in the WTAMU Occupational Health program. Enrollment in the Occupational Health Program gives you access to educational materials, training, personal protective equipment, and other support services aimed at preventing occupational injuries and exposures. It also give you access to any associated medical/health surveillance; however; medical surveillance may be declined. For questions or comments, contact Environmental Health and Safety (EHS) 806.651.2270 or [ar-ehs@wtamu.edu](mailto:ar-ehs@wtamu.edu).

**Part II: Continue only if you answered 'yes' to any of the questions in Part I.**

We need to collect a few more details related to your occupational exposures related to pathogens and animals.

**PATHOGENS Exposures:**

**NIH Risk Group Classifications**

Factors that determine the specific risk group classification for infectious agents include the following:

- pathogenicity of the organism
- mode of transmission and host range
- availability of effective preventive measures (for example, vaccines)
- availability of effective treatments (for example, antibiotics)

**NIH Basis for the Classification of Biohazardous Agents by Risk Group (RG)**

- Risk Group 1 (RG1) Agents that are not associated with disease in healthy adult humans.
- Risk Group 2 (RG2) Agents that are associated with human disease which is rarely serious and for which preventive or therapeutic interventions are *often* available.
- Risk Group 3 (RG3) Agents that are associated with serious or lethal human disease for which preventive or therapeutic interventions *may be available* (high individual risk but low community risk).
- Risk Group 4 (RG4) Agents that are likely to cause serious or lethal human disease for which preventive or therapeutic interventions are *not usually* available (high individual risk and high community risk).

You may also refer to Appendix B of the *NIH Guidelines for Research Involving Recombinant DNA Molecules* for a current list of microorganisms in each risk group. This resource can be found on: [http://https://osp.od.nih.gov/wp-content/uploads/2019\\_NIH\\_Guidelines.htm#\\_Toc3457027](http://https://osp.od.nih.gov/wp-content/uploads/2019_NIH_Guidelines.htm#_Toc3457027)[osp.od.nih.gov/sites/default/files/NIH\\_Guidelines\\_0.pdf](http://https://osp.od.nih.gov/sites/default/files/NIH_Guidelines_0.pdf)

Please answer the following:

1. I am not listed on a research protocol but I work in an area where Risk Group 3 agents are directly handled, or where animals potentially infected with RG 3 agents are located. Yes\_\_No \_
2. I am not listed on a research protocol but I work in an area where Risk Group 2 agents are directly handled, or where animals potentially infected with RG2 agents are located. Yes\_\_No \_\_

Please list any Institutional Biosafety (IBC) or Institutional Animal Care and Usage (IACUC) protocols in which you participate:

Or, check the following: I do not participate in any IBC or IACUC protocols \_\_\_\_\_.

IBC/IACUC Protocol #	Principal Investigator	Department

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3. I am **only** handling diagnostic laboratory samples which are potentially infected with Risk Group 2 and/or 3 agents.

Yes\_\_No \_\_

**ANIMAL Exposures:**

4. Animal Handling:

4.1. I directly handle animals. Yes\_\_No \_\_

4.2. I work in areas where animals are housed, handled or treated, but I do not directly handle animals. Yes\_\_No \_\_

Please complete the following table:

Mark the box (X) of each species for which the statement is correct ►►►	I DIRECTLY HANDLE these animals as part of job duties (MARK ▼)	I DIRECTLY HANDLE tissues or wastes from these animals as part of job duties (MARK ▼)	I DO NOT DIRECTLY HANDLE animals; but, I work where animals are housed, handled or treated (MARK ▼)
Animals ▼▼▼			
Laboratory Mice			
Laboratory Rats			
Laboratory Guinea Pigs			
Laboratory Hamsters			
Rabbits			
<u>Monodelphis domestica</u>			
Domestic Dogs			
Domestic Cats			
Ferrets			
Bats			
Horses			
Cattle			
Sheep			
Goats			
Deer			
Swine			
Poultry/Turkey			
Birds			
Reptiles			
Amphibians			
Fish			

<b>Non-Human Primate-specify</b>				
<b>Wild Capture–Target Species</b>				
<b>Wild Capture–Target Species</b>				
<b>Other - Specify</b>				

- Please give a description of **specific job duties** which brings you into contact with animals/biohazards: (Include details such as use of personal protective equipment; environmental conditions, e.g., indoors or outdoors; frequency of handling; duration of handling; and numbers of animals. Add additional job duties on a separate piece of paper.)

### **Part III: Participation in medical/health surveillance activities**

Now that we have your occupational exposure information –you have a choice.

EHS will conduct an initial base-line evaluation of potential exposure risk using this form. In many cases, training or use of personal protective equipment, or environmental controls will likely be all that is required and will have already been implemented in most of our occupational risk areas, i.e., 24.01.01.W1.33AR Chemical Hygiene Plan, 24.01.01.W1.20AR WTAMU Radiation Safety Procedures, 24.01.01.W1.39AR WTAMU Laser Safety Procedures, 24.01.01.W1.15AR Bloodborne Pathogen Exposure Control Plan, and 24.01.01.W1.17AR WTAMU Mobile and Heavy Equipment Management Procedure. These Standard Operating Procedures can be located at [www.wtamu.edu/arehs](http://www.wtamu.edu/arehs).

Based on OHP standards, specific preventive measures which may include immunizations, additional medical tests, or health monitoring may be recommended. For example, if you are working with bats, the rabies immunoprophylaxis vaccination will be recommended. Please note: EHS does not make medical assessments or recommendations. Medical assessments or recommendations are conducted through a university approved occupational health provider.

You may decline medical/health surveillance activities. Declining medical/health surveillance participation gives you access to educational materials, training, personal protective equipment, and other support services aimed at preventing occupational injuries and exposures; however; no medical surveillance will be offered. In certain cases, if you decline to participate, you may be denied access to certain facilities or prohibited from certain activities, such as in the case of BSL 2 (or higher) laboratories.

If you are an employee, accepting participation gives you access to appropriate occupational medical surveillance/services at no cost to you, as well as all educational materials, training, personal protective equipment, and other support services aimed at preventing occupational injuries and exposures.

Based on your completion of this OHP Risk Assessment and Enrollment Form, please check one of the following and sign:

\_\_\_\_\_ I decline medical surveillance services: please sign: \_\_\_\_\_

\_\_\_\_\_ I accept medical surveillance services: please sign: \_\_\_\_\_

**If you are declining medical surveillance, you have now completed the OHP Risk Assessment and Enrollment Form.** Please email this form to [ar-ehs@wtamu.edu](mailto:ar-ehs@wtamu.edu) or bring /campus mail to KRC 106. Thank you. If your risk/health status changes or you decide you want to accept medical surveillance services, please contact EHS.

**Part IV: If you have accepted medical surveillance services, please complete Part IV**

**I. IMMUNIZATIONS**

Have you ever received the following:	Received (Yes/No/Unknown)	Year Received
Tetanus Vaccination		
Rabies Vaccinations (series of 3)		
Hepatitis A Vaccinations (series of 2)		
Hepatitis B Vaccinations (series of 3)		

**II. IMMUNE STATUS**

	Yes or No
1. Have you been diagnosed with a condition that weakens your immune system?	
2. Do you currently take any medication that weakens your immune system?	
3. Have you been diagnosed with a valvular or congenital heart condition?	
4. Have you ever changed jobs/work habits due to health issues from animal exposure?	

**III. ASTHMA/ALLERGIES**

	Yes or No
1. Do you have asthma?	
I consider my Asthma to be:                      Mild                      Moderate                      Severe	
2. Is your asthma specifically related to animals?	
3. Do you have animal allergies (i.e., sneezing, wheezing, itchy eyes, hives)?	

I consider my animal allergies to be: Mild		Moderate		Severe			
4. Do you have other allergies (i.e., latex or chemical allergies)?							
I consider my other allergies to be: Mild		Moderate		Severe			
5. Do you currently take medication for asthma or allergies?							
6. Do you have contact with pets, livestock, or wildlife outside of work hours?							
7. Did you work with animals before your employment with this facility?							

**IV. ADDITIONAL HEALTH CONCERNS**

1. Do you have any workplace health concerns you want to discuss with an Occupational Medicine provider? Yes ___ No ___
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Thank you! You have now completed the OHP Risk Assessment and Enrollment Form. Please email this form to [ar-ehs@wtamu.edu](mailto:ar-ehs@wtamu.edu) or bring/campus mail to KRC 159. Thank you. If your risk/health status changes or you decide you want to accept medical surveillance services, please contact EHS.

**For questions, comments or concerns, please contact:**

**Occupational Health Program**  
 Environmental Health and Safety  
 Program  
 West Texas A & M University  
 WT Box 60217  
 Canyon, TX 79016  
[Ar-ehs@wtamu.edu](mailto:Ar-ehs@wtamu.edu)  
 806.651.2270/Fax 806.651.2733  
 KRC 159

West Texas A & M University  
 Environmental Health and Safety  
 Occupational Health Program  
 Medical Surveillance  
 Authorization and Clearance Form

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

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

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

**Date of Birth:** \_\_\_\_\_

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

**Dept. & PI:** \_\_\_\_\_

**This authorization form EXPIRES 30 days after issuing date!**

Service Requested	Service Requested
_____ Hepatitis A/B Vaccination Series + Titer	_____ Brucella Titer
_____ Influenza Vaccination	_____ Coxiella Titer
_____ Rabies Vaccination Initial Series*	_____ Hepatitis B Titer
_____ *Rabies Titer, if medically indicated	_____ Q Gold Tuberculosis Titer
_____ Rabies Vaccination Booster	_____ Rabies Titer
_____ Tetanus Vaccination	_____ Consult for:
_____	_____

**Occupational Medical Provider Notes:**

- Vaccination #1 By \_\_\_\_\_ Date: \_\_\_\_\_
- Vaccination #2 By \_\_\_\_\_ Date: \_\_\_\_\_
- Vaccination #3 By \_\_\_\_\_ Date: \_\_\_\_\_
- Titer Drawn By \_\_\_\_\_ Date: \_\_\_\_\_

The record of this occupational health evaluation is filed in the person's comprehensive medical record at WTAMU, Personnel Services, 2501 4<sup>th</sup> Ave, Canyon, TX 79015

\_\_\_\_\_  
Examiner's Signature

\_\_\_\_\_  
Date

**BILL TO:** Environmental Health and Safety Program,  
WTAMU Box 60217, Canyon, TX 79016  
(o) 806.651.2270 (f) 806-651-2733

This is your authorization form for your Hepatitis A/B vaccination series and confirmatory titer as a part of medical services through the Occupational Health Program.

The Hepatitis A/B series consists of three vaccinations and a confirmatory titer to make sure the vaccinations worked:

Day 1	_____	The date of your first vaccination
Day 30	_____	One month after your first vaccination
Day 180	_____	Six months after your first vaccination
Titer Check	_____	Six weeks after your third vaccination

Write the date of your first vaccination on the blank next to day 1. Then list the date on the next line for each interval described to schedule your next appointment with the Occupational Medical Provider.

If you miss a scheduled vaccination, you must make it up as soon as you can!

Take this form with you to the Occupational Medical Provider.

Environmental Health and Safety  
Occupational Health Program  
Hepatitis Vaccination Participation Form



**Appendix C**

Name (PRINT): \_\_\_\_\_ UIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone: \_\_\_\_\_

West Texas A&M has elected to offer the dual Hepatitis A/ B vaccination series to all employees who have occupational exposure to Hepatitis or to Bloodborne Pathogens at no cost to the employee.

The vaccine is administered in a prescribed series:

- Dose 1 is administered on day 1
- Dose 2 is administered 30 days after Dose 1.
- Dose 3 is administered five months following Dose 2.
- A confirmatory titer is drawn six weeks after Dose 3

**Employee Statement** — Check one statement below.

- I **agree** to receive the Hepatitis A/B vaccination at the expense of my employer.
- I **decline** the Hepatitis A/B vaccination because I have previously received the Hepatitis A/B or the Hepatitis B vaccination series.
- I **decline** the Hepatitis A/B vaccination.

\*I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis infection. I have been given the opportunity to be vaccinated with Hepatitis A/B vaccine at this time. However, I decline the Hepatitis A/B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis A/B vaccine, I can receive the vaccination series at no charge to me.

**Certification by Employee:**

I acknowledge and certify that I have received information on occupational exposure to bloodborne pathogens, universal precautions, Hepatitis A, Hepatitis B and vaccinations. I have been provided the opportunity to ask questions and to seek additional information. I have made my choice (as documented above) related to the Hepatitis A/B vaccination based on informed choice.

**Employee:**

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

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