

CSU Fullerton Respiratory and Animal Handler Clearance Services Referral Form

Please complete and fax or email this form to the clinic location where services are to be provided. To inquire about appointment availability or to change or cancel an appointment, please call the Occupational Health Clinic and ask for the OHSS service representative or a clinic staff member.

Clinic Location: Anaheim Date: _____

Phone: 714-644-6450 Fax: 877-515-8942

Company Name: CSU FULLERTON

Guarantor Name/Number (Internal Use): 220902257257

Company Contact for results/questions: _____

Phone: _____

Fax: _____

Employee Name: _____ Kaiser MR# _____

Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

SS#: (last 4 digits only) _____ Date of Birth: _____

Other Name(s) used (when applicable) _____

Gender: Male Female Non-Binary Job Title: _____

Services Requested

Non-Preplacement Respirator and Animal Handler Questionnaire Services:

RESPIRATOR CLEARANCE PREPLACEMENT AND ANNUAL PRE-COORDINATED SERVICE

Standard Service: Administrative Activity

ANIMAL HANDLER QUESTIONNAIRE PREPLACEMENT AND ANNUAL PRE-COORDINATED SERVICE

Standard Service: Administrative Activity

Other services may be provided and billed at the physician/clinician's discretion to give clearance on an applicant/employee as identified in your Letter of Agreement (LOA) under the "As Clinically Indicated" section of that visit category. If other screening/testing is needed and is not outlined in the LOA, we will call for authorization.

IF QUESTIONNAIRE IS NOT RETURNED THAN CLEARANCE FORM WILL BE SENT BACK TO EMPLOYER INDICATED THAT EMPLOYEE IS NOT CLEARED DUE TO NON-COMPLETION OF FORMS AFTER 5 DAY FROM DATE OF EMAIL LINK BEING SENT TO EMPLOYEE WITH THE APPLICABLE QUESTIONNAIRE



CSUF Animal Handler Job Duty Form

Name: _____ CWID: _____
 Email: _____ Phone Number: _____
 Position: _____ Department: _____
 PI/Supervisor Name: _____ Protocol #: _____
 PI/Supervisor Phone Number: _____

*This form is to be filled out by **PI/Supervisor** first and then sent to the employee, who will complete the first page (Referral Form), and then send the entire document to EH&S (safety@fullerton.edu). EH&S will then send this information to contracted healthcare provider, who will then contact the employee by email to initiate the medical health review.

Type and degree of animal contact expected	Potential risk level (check all that apply):
No direct contact with animals or animal tissue	<input type="checkbox"/> No risk
Fish, amphibians, or reptiles: <i>low</i> risk of injury, zoonotic disease (salmonellosis, mycobacteriosis, vibriosis) and <i>low</i> potential for allergies	<input type="checkbox"/> Low Risk
Laboratory rats, mice, rabbits, guinea pigs, hamsters, gerbils, birds, and swine: <i>mild</i> risk of injury, zoonotic disease (salmonellosis, chlamydosis [psittacosis], lymphocytic choriomeningitis, gastrointestinal parasites), but <i>significant</i> potential for allergies	<input type="checkbox"/> Mild Risk
Dogs, cats, sheep, cattle, goats, bats, and wild rodents: <i>moderate</i> risk of injury, zoonotic disease (rabies, Q fever, hanta virus, ectoparasitic, bacterial, and fungal infections), and <i>significant</i> potential for allergies	<input type="checkbox"/> Moderate Risk
Non-human primates: <i>marked</i> risk of injury, zoonotic disease (herpes B, tuberculosis, viral hepatitis, bacterial infections), gastrointestinal parasites, and <i>some</i> potential for allergies	<input type="checkbox"/> Marked Risk
Other poisonous or venomous organisms	<input type="checkbox"/> Marked Risk

- In the lab or field setting, will the person be in contact with laboratory or wild animals? **Yes** **No** If yes, answer below:
 - List the species of animal(s):
 - Exposure time to animal(s) per week:
 - Provide brief description of animal handling activities:
- Will the person work with animals that have been administered carcinogens, toxic substances, radioactive materials or infectious agents, or that are naturally toxic or venomous? **Yes** **No** If yes, answer below:
 - List what type:
- Does the job require the person to lift more than 20 pounds on a frequent basis? **Yes** **No** If yes, answer below:
 - Describe lifting activities:
- Does the job require the person to wear Personal Protective Equipment? **Yes** **No** If yes, answer below:
 - List what type(s):