

# How to complete your Animal Handler form

University Health Center  
University of Maryland

January 2019

# Step 1

Call the University Health Center to register as a new patient

- Call 301-314-8180 and say “I need to register to submit an Animal Handler Form”
- Have your Department KFS number available at the time of the call
- The registration staff will activate your access to our patient portal, MyUHC

## Step 2

Visit MyUHC to complete your Animal Handler Form electronically

- Go to [myuhc.umd.edu](https://myuhc.umd.edu)
- Enter your Directory ID and Password
- Enter your University ID Number

myuhc.umd.edu

Secure | https://shib.idm.umd.edu/shibboleth-idp/profile/cas/login?sessionid=D633EE27A5A549818AB4F49479DFED70.3?execution=e1s1

Bookmarks | Accreditation Associ... | All files and folders - | Canvas site | CAS - Central Auth... | ClickMedix Login | Consolidated USM ar | CRISP | Other bookmarks

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UNIVERSITY OF MARYLAND

Directory ID  
and PW



UNIVERSITY OF  
MARYLAND

Central Authentication Service (CAS)

Directory ID

dmcbrid2

For security reasons, please log out and exit your Web browser when you finish accessing services that require authentication.

Password

.....

The Division of IT will never ask you to put your password into an email message, but scammers will. Do not share your password with others!

Don't Remember Login

Log in

> Forgot your password?

> Forgot your ID?

> Need help?

Having trouble? Please contact the **IT Service Desk** at 301.405.1500

NOTICE: Unauthorized access to this system is in violation of Md. Annotated Code, Criminal Law Article §5 8-606 and 7-302 and the Computer Fraud and Abuse Act, 18 U.S.C. § 1030 et seq. The University may monitor use of its IT resources as permitted by state and federal law, including the Electronic Communications Privacy Act, 18 U.S.C. §§ 2510-2521 and the Md. Annotated Code, Courts and Judicial Proceedings Article, Section 10, Subtitle 4. Anyone using this system acknowledges that all use is subject to University of Maryland Policy on the Acceptable Use of Information Technology Resources available at <http://www.umd.edu/aup>.

By logging in to this/these application(s) I acknowledge and agree to all terms and conditions regarding my access and the information contained therein.

Web Accessibility

University ID #

University of Maryland x TWI foundation needs x Welcome Back x David K

Secure | <https://www.myuhc.umd.edu/confirm.aspx>

Apps | Bookmarks | Accreditation Assoc... | All files and folders... | Canvas site | CAS - Central Auth... | ClickMedia Login | Consolidated USM... | CRSP | Other bookmarks

### UMD University Health Center

Welcome back! To confirm your identity, you must provide the following additional personal information:

Please confirm your University ID:

Proceed Cancel

Please arrive 15 minutes before your appointment and go to Registration.  
If you are late for your appointment, you may be asked to reschedule.

Click  
“appointments”

We know that you don't have an “appointment” per say, but this is the verbiage that we use within our system.

University of Maryland x TWI foundation needs x Home x David K

https://www.myuhc.umd.edu/home.aspx

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UMD University Health Center Test Test Seven

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## Home

You last logged in: 3/29/2016 10:42:21 AM

Please complete any Symptom Questionnaires BEFORE coming to the Health Center for your appointment. Completing the questionnaire prior to coming to the Health Center for your visit will save you time and help to keep your appointment on time. [\[Go to Appointments\]](#)

You have one unread secure message [\[Go to Messages\]](#)

**You Can Receive Text Message Appointment Reminders and Other Alerts: Enable Text Messages**



### UNIVERSITY HEALTH CENTER

Welcome to myUHC!

Don't forget to bring your insurance card and a picture ID to each visit!  
Although we can bill most insurance plans, we are unable to bill many HMOs, Medicare, and out-of-state Medicaid.  
We DO NOT accept Kaiser insurance.

For incoming students, to **upload your IMMUNIZATIONS and complete the required Tuberculosis Risk Screening**, click on **FORMS** on the left hand side of this page.

Please remember to attach any supporting documentation from your medical provider along with the UMD Immunization Form. This form can be found at <http://www.health.umd.edu/sites/default/files/immunizationRecordForm.pdf>  
[\[Advanced Options\]](#)

You are seeing this link because your patient record is configured as a testing record.

[Version: 12.10.3888] [Connection Service: 12.10.0.3824]

Please arrive 15 minutes before your appointment and go to Registration.  
If you are late for your appointment, you may be asked to reschedule.

University of Maryland | TWI foundation needs | Appointments | David R

Secure | [https://www.myuhc.umd.edu/appointments\\_home.aspx](https://www.myuhc.umd.edu/appointments_home.aspx)

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## Appointments

[Schedule an appointment](#)

**IF THIS IS A LIFE-THREATENING EMERGENCY, CALL 911.**

The Health Center operates primarily on an appointment-based system. Same day appointments are usually available and can be made by calling 301-314-8184 between 8AM and 4PM. For more urgent problems, services are available without an appointment at our Walk In Service. Waits are typically longer for those who choose to walk in.

Visitors cannot currently book online and should call 301-314-8184 to schedule their appointments.

Not all appointment types can be booked online. Some require us to gather additional information to direct you the appropriate type of visit.

**If you do not see a choice that accurately represents the reason for needing a visit, please call 301-314-8184 for assistance.**

HIV Testing does not require an appointment. Lab hours for HIV testing are Monday through Friday from 8:30AM to 4:30PM. For more information about HIV testing, please call 301-314-8175.

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Currently scheduled appointments

- **PAST:** Friday, March 30, 2018 11:30 AM with TEITELBAUM, HEATHER PA-C for a PC visit at PC1  
Warning: Pre-visit questionnaire has not been completed  
[Complete Questionnaire](#)
- Friday, March 30, 2018 1:50 PM with OH FORM REVIEW for an OH FORM REVIEW visit at Occupational Health  
Warning: Pre-visit questionnaire has not been completed  
[Cancel Appointment](#) | [Complete Questionnaire](#)

**You Can Receive Text Message Appointment Reminders and Other Alerts: [Enable Text Messages](#)**

Please arrive 15 minutes before your appointment and go to Registration.

If you are unable to attend your appointment, you may be asked to reschedule.

You will see an appointment that says "OH Form Review", Click "Complete Questionnaire"

Complete the questionnaire

The screenshot shows a web browser window with the URL [https://www.myuhc.umd.edu/appointments\\_questionnaire\\_fill.aspx](https://www.myuhc.umd.edu/appointments_questionnaire_fill.aspx). The page header is "UMD University Health Center" with a "Test Test Seven" notification. A left sidebar contains navigation links: Home, Profile, Appointments (highlighted), Referrals, Messages, Forms, Survey Forms, Account Summary, Medical Records, and Immunizations. The main content area is titled "Symptom Questionnaire" and includes a red warning: "This information will not be reviewed until your visit and will be discarded if you cancel or no show for your appointment." Below this are instructions: "You MUST complete this form prior to being seen for your appointment." Two numbered instructions follow: 1. The Risk Assessment must be completed prior to animal use and any time you change or add species. 2. FEMALE PERSONNEL: If you are pregnant or become pregnant while at the University of Maryland, certain precautions may need to be taken during your pregnancy if you work with animals, biohazardous materials, or chemical agents. The next section is "Animal Handler Risk Assessment Form", divided into "Part A: Risk Assessment for Animal Contact" and "Part B: Risk Assessment for Laboratory Animal Use". Part A includes sections for "Animal/Tissue Use" and "Exposure to Animals/Tissues/Body Fluids". Part B includes questions about infectious agents, nonfixed human tissue, chemical carcinogens, and radiation.

University of Maryland | TWE foundation needs | Symptom Questionnaire

Secure | [https://www.myuhc.umd.edu/appointments\\_questionnaire\\_fill.aspx](https://www.myuhc.umd.edu/appointments_questionnaire_fill.aspx)

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## Symptom Questionnaire

This information will not be reviewed until your visit and will be discarded if you cancel or no show for your appointment

Instructions:

You **MUST** complete this form prior to being seen for your appointment.

1. The Risk Assessment must be completed prior to animal use and any time you change or add species. If you add or delete a species, complete the Risk Assessment form listing ALL animals contacted, not just the new species.
2. FEMALE PERSONNEL: If you are pregnant or become pregnant while at the University of Maryland, certain precautions may need to be taken during your pregnancy if you work with animals, biohazardous materials, or chemical agents. (It is recommended that you discuss your pregnancy and your work environment with your primary care physician or healthcare provider.)

## Animal Handler Risk Assessment Form

Part A: Risk Assessment for Animal Contact

I. Animal/Tissue Use (check all boxes that apply)

- No direct contact: observes animals or enters animal facility
- Does not conduct procedures on live animals but handles "unfixed" animal tissues and body fluids.
- Handles, restrains, collects specimens from or administers substances to live animals.
- Performs invasive procedures such as obstetric procedures, surgery, necropsy.

II. Exposure to Animals/Tissues/Body Fluids (check all that apply)

<input type="checkbox"/> Amphibians	<input type="checkbox"/> Bats	<input type="checkbox"/> Birds	<input type="checkbox"/> Cats
<input type="checkbox"/> Cattle	<input type="checkbox"/> Chickens	<input type="checkbox"/> Ferrets	<input type="checkbox"/> Fish
<input type="checkbox"/> Goats	<input type="checkbox"/> Horses	<input type="checkbox"/> Pigs	<input type="checkbox"/> Rabbits
<input type="checkbox"/> Reptiles	<input type="checkbox"/> Rodents (purpose bred)	<input type="checkbox"/> Rodents (wild)	<input type="checkbox"/> Sheep

Other (specify below)

Please specify if you answered "other"

III. Risk Assessment for Laboratory Animal Use - Provide the following for each agent you are exposed to in conjunction with animal studies

- a. Infectious Agents/t-DNA Technologies (i.e. HIV, Hepatitis A, B, or C)  Yes  No
- b. Nonfixed Human Tissue  Yes  No
- c. Chemical Carcinogen  Yes  No
- d. Radiation  Yes  No



At the bottom of the questionnaire, click “Submit Final”. You can “Save Partial” if you need to come back to the form later.

The screenshot shows a web browser window with the URL [https://www.myuhc.umd.edu/appointments\\_questionnaire\\_fill.aspx](https://www.myuhc.umd.edu/appointments_questionnaire_fill.aspx). The page header is "UMD University Health Center" with a "Test Test Seven" link. A left sidebar contains navigation links: Home, Profile, Appointments (highlighted), Referrals, Messages, Forms, Survey Forms, Account Summary, Medical Records, and Immunizations. The main content area contains a questionnaire with the following sections:

- 8. Do you have any skin problems related to work (e.g. reactions to latex gloves; dry, cracked skin; rashes)?  Yes  No  
If YES, please describe:
- 9. Do you wear a fit tested respirator to perform any activities at work?  Yes  No  
Date of last respirator clearance medical questionnaire/evaluation:
- Date of last respirator training:
- Date of last respirator fit testing:

**III. Additional Personal Health Concerns**

1. Do you have any health or workplace concerns not covered by the questionnaire that you feel may affect your occupational health and would like to confidentially discuss with the Occupational Health Clinicians or your primary care physician?  Yes  No

**IV. Individuals Working with Sheep**

1. Do you work with FEMALE sheep?  Yes  No
2. Do you have a history of known valvular disease (heart murmurs) or congenital heart disease?  Yes  No  
If YES, date of diagnosis:   
Type of disease:   
Treatment:
3. Do you have any diseases or are you taking any medication that may cause immune suppression?  Yes  No
4. Do you now have or have you ever had Q-fever?  Yes  No

At the bottom, there are three buttons with descriptions:

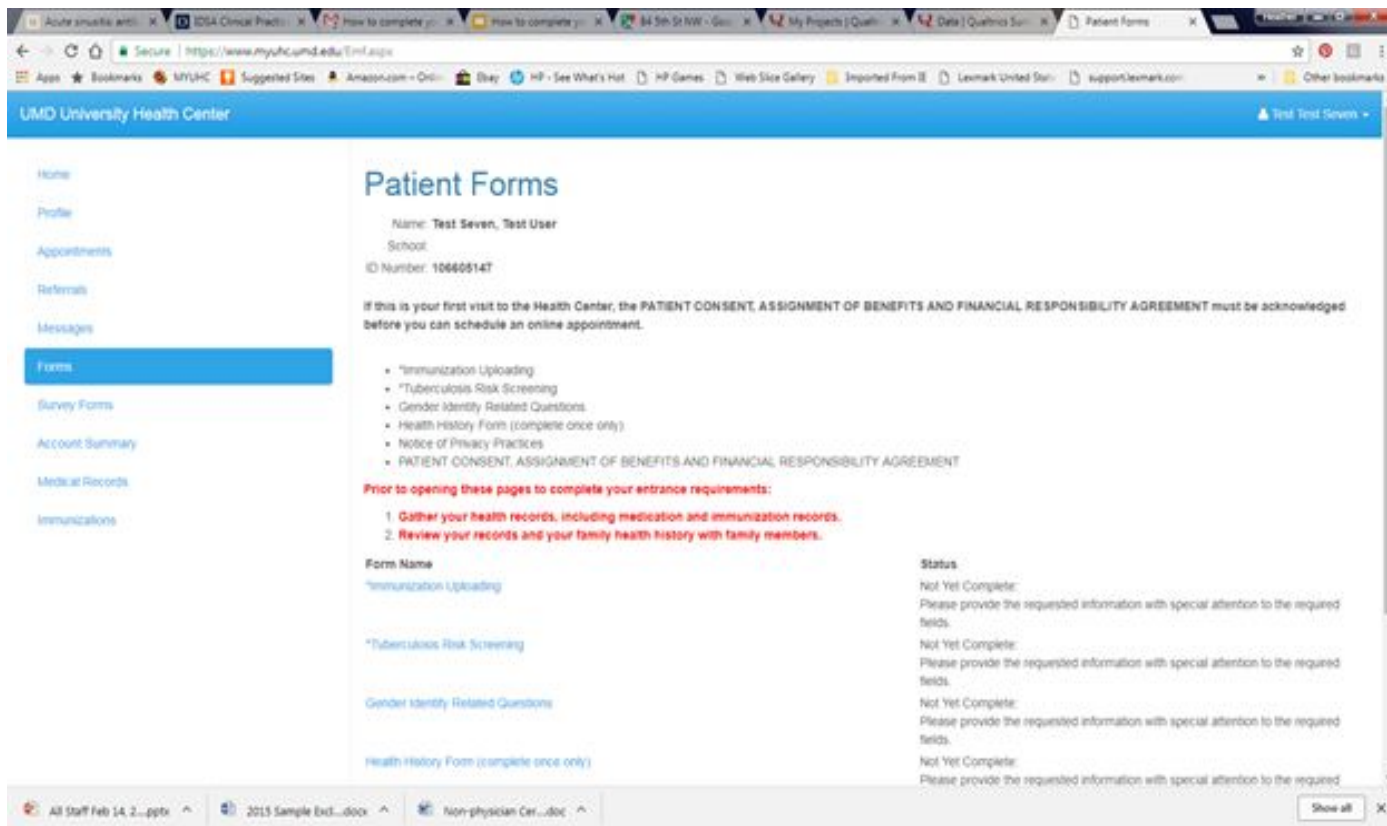
- Submit Final**: Click here to submit the final content of the form (You cannot change items after the form has been submitted.)
- Save Partial**: Click here to save the intermediate content of the form (Currently entered values will be recorded and you will be able to resume completing the form at a later time.)
- Cancel**: Click here to cancel entering the form (Currently entered changes will not be saved.)

Below the buttons, there is a note: "Please arrive 15 minutes before your appointment and go to Registration." followed by instructions on what to do if late and information about insurance billing.

Upload evidence of a Tdap vaccine within the past 10 years



Click Forms



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## Patient Forms

Name: Test Seven, Test User  
School:  
ID Number: 106605147

If this is your first visit to the Health Center, the PATIENT CONSENT, ASSIGNMENT OF BENEFITS AND FINANCIAL RESPONSIBILITY AGREEMENT must be acknowledged before you can schedule an online appointment.

- \*Immunization Uploading
- \*Tuberculosis Risk Screening
- Gender Identity Related Questions
- Health History Form (complete once only)
- Notice of Privacy Practices
- PATIENT CONSENT, ASSIGNMENT OF BENEFITS AND FINANCIAL RESPONSIBILITY AGREEMENT

**Prior to opening these pages to complete your entrance requirements:**

- 1 Gather your health records, including medication and immunization records.
- 2 Review your records and your family health history with family members.

Form Name	Status
<a href="#">*Immunization Uploading</a>	Not Yet Complete: Please provide the requested information with special attention to the required fields.
<a href="#">*Tuberculosis Risk Screening</a>	Not Yet Complete: Please provide the requested information with special attention to the required fields.
<a href="#">Gender Identity Related Questions</a>	Not Yet Complete: Please provide the requested information with special attention to the required fields.
<a href="#">Health History Form (complete once only)</a>	Not Yet Complete: Please provide the requested information with special attention to the required

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2015 Sample Excl...docx  
Non-physician Cer...doc

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## Patient Forms

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**Form Name**

- Immunization Uploading
- Tuberculosis Risk Screening
- Gender Identity Related Questions
- Health History Form (complete once only)

**Status**

- Not Yet Complete:  
Please provide the requested information with special attention to the required fields.
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- Not Yet Complete:  
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2015 Sample Excl...doc  
Non-physician Cer...doc

Show all

Click Immunization Uploading

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1: Individual Measles, Mumps, and Rubella Immunizations or  
3: Serologic (blood test) evidence of immunity for measles, mumps, and rubella.  
If you have never been immunized for measles, mumps, and/or rubella, you should do so now and then complete this form with your updated immunization information.  
Please provide the dates of your combined MMR immunizations below:  
Please specify the dates of your MMR immunizations. Two doses are required, the first given after the age of 1, and the second given after age 4.

Date for Dose 1:   
Date for Dose 2:

2: Tetanus, Diphtheria and Pertussis (Tdap) Immunizations [Satisfies Immunization Requirement for Tetanus, Diphtheria, and Pertussis]  
Tdap immunization is not currently required but is recommended for all students. It should be given within the past 10 years.  
Please indicate the date on which the dose was given.

Date for Dose 1:

3: Meningococcal - Menactra Vaccine Only  
For students living in on-campus housing, you must either receive a Meningococcal immunization or complete a Meningococcal waiver.  
Please enter the date of any Menactra vaccine you were given. Complete this only if you know that Menactra was administered.

Date for Dose 1:

4: Meningococcal - Menveo may have been given instead of Menactra (above). If so, enter below:  
For students living in on-campus housing, you must either receive a Meningococcal immunization or complete a Meningococcal waiver.  
Please enter the date of any Menveo vaccine you were given. Complete this only if you know that Menveo was administered.


Date for Dose 1:

5: Measles [Satisfies Immunization Requirement for Measles]  
Individual Measles, Mumps, and Rubella immunizations are an alternative to combined MMR immunization. You can meet the Entrance Medical Requirements with a series of individual immunizations. If you received individual immunizations for measles, please indicate the date that each dose was given. If you received an MMR vaccine, leave these spaces blank (DO NOT re-enter the same dates)  
Please enter the dates of your Measles immunizations. Two doses are required.

https://www.myuhc.umd.edu/appointments\_home.aspx

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Secure | <https://www.myuhc.umd.edu/EmImmun.aspx>

Apps | Bookmarks | MYUHC | Suggested Sites | Amazon.com - Ori... | eBay | HP - See What's Hot | HP Games | Web Site Gallery | Imported From IE | Lexmark United Stat... | support.lexmark.com | Other bookmarks

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Test Date:

Result:  Positive  Negative


**10: Rubella Immunity (Satisfies Immunization Requirement for Rubella)**

Please specify the date and result of any blood test for Rubella immunity:

Test Date:

Result:  Positive  Negative

Please upload your supporting immunization documentation. We accept the following file types: PNG, JPG, JPEG, GIF. Immunization Forms can be found at <http://www.health.umd.edu/sites/default/files/immunizationRecordForm.pdf>



Click here to submit the final content of the form (You cannot change items after the form has been submitted.)

Click here to save the intermediate content of the form (Currently entered values will be recorded and you will be able to resume completing the form at a later time.)

Click here to cancel entering the form (Currently entered changes will not be saved.)

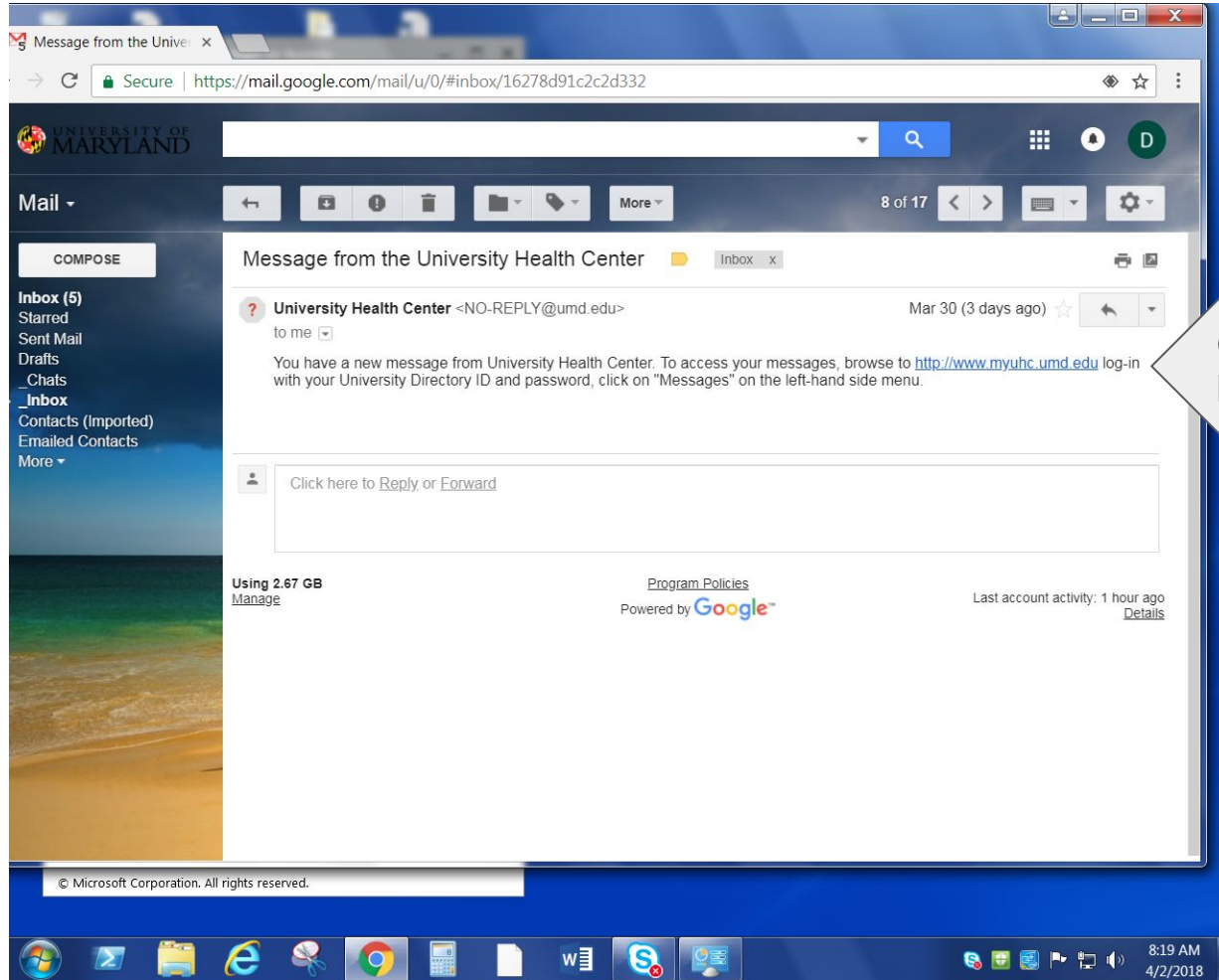
Please arrive 15 minutes before your appointment and go to Registration.

All Staff Feb 14, 2...pptx | 2015 Sample Excl...docx | Non-physician Cer...docx Show all X

Click "Add immunization record" and attach documentation of Tdap

Click Save Partial when complete

In several days, you will get an email saying “you have a message from the UHC”. Follow the link, open the message, that will be your Animal Handler Clearance, or instructions about what additional steps you need to take to gain clearance. Print this, keep a copy and give a copy to your PI. The message remains in the portal if you have to access it in the future.



Click this link

If you are working with certain animals, you will get a message in about a month to ask about the development of allergy symptoms. Please reply to this message.

The screenshot shows a web browser window with the URL [https://www.myuhc.umd.edu/messages\\_message\\_detail.aspx](https://www.myuhc.umd.edu/messages_message_detail.aspx). The page header identifies the user as Deirdre Younger and the organization as JMD University Health Center. A left-hand navigation menu includes links for Home, Profile, Appointments, Referrals, Messages (highlighted), Forms, Survey Forms, Account Summary, Medical Records, and Immunizations. The main content area is titled "Secure Messages Message Details" and contains the following information:

- From:** David McBride, MD
- TO:** Younger, Deirdre A
- Message Type:** Communication
- Priority:** Normal
- Date:** Friday, March 30, 2018 5:38 PM
- Subject:**
- Attachments:**

The **Message Text:** section contains the following text:

You have been identified as someone that works with animals at the University of Maryland. You recently submitted an animal handler form to the Occupational Health Office. We want you to beware that when working with animals you may develop symptoms of asthma and or allergies. Do you experience any of the following symptoms when working with animals?

- Sneezing
- Runny Nose
- Chest Tightness
- Wheezing
- Episodes of coughing
- Shortness of breath

At the bottom of the message content, there are "Reply" and "Close" buttons. A grey callout box with a white arrow points to the "Reply" button, containing the text "Please reply to this message". The browser's taskbar at the bottom shows the date and time as 8:20 AM on 4/2/2018.