

## OHSP Form 4 - Annual Reassessment

Our records indicate that you are enrolled in the K-State Occupational Health and Safety Program. There is an annual requirement for reassessment of hazards and risks for animal care and use activities. Please **TYPE** in all of your answers, select File – Save As, save as a pdf file to your desktop (or appropriate folder), and then send the pdf, by email attachment, to the URCO at [comply@ksu.edu](mailto:comply@ksu.edu), copying your supervisor. As indicated on this form, if you have a change in occupational risks using animals in the past year you will also need to complete OHSP Form 5.

Date: \_\_\_\_\_ Protocol Number (if appropriate): \_\_\_\_\_ ☐ Faculty ☐ Staff ☐ Student  
Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Department: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Supervisor/ PI: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

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 the URCO  
☐ **NO** - If no, sign the form and return it to the URCO and your file will be deactivated in the OHSP database
  2. To the best of my knowledge, my occupation risks using animals have remained the same during the past year:  
☐ **YES**  
☐ **NO** – If no, please complete OHSP Form 5 - Health Risk Reassessment Follow-up
    - a. List **ALL** species of animals you work with at KSU: \_\_\_\_\_  
Has this list changed ☐ **YES** If yes, please complete OHSP Form 5 - Health Risk Reassessment Follow-up  
☐ **NO**
  4. Describe your work with animals (i.e. feed & water, perform surgery, clean cages, restrain animals, etc.):  
\_\_\_\_\_
  5. Will you work with wild animals? ☐ NO ☐ YES If yes, what species? \_\_\_\_\_
  6. Do you work with sick animals? ☐ NO ☐ YES If yes, explain: \_\_\_\_\_
  7. Have you had a **tetanus vaccination** in the last 10 years?  
☐ NO If no, please complete OHSP Form 5 - Health Risk Reassessment Follow-up  
☐ YES if yes, approximate date: \_\_\_\_\_
  8. Have you had the 3 shot pre-exposure series or the 5 shot post-exposure rabies vaccination? ☐ NO ☐ YES
    - a. If yes, approximate date: \_\_\_\_\_
    - b. Have you had an antibody titer run? ☐ NO ☐ YES if yes, approximate date: \_\_\_\_\_ Titer: \_\_\_\_\_
  9. 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.  
☐ NO ☐ YES If yes, please complete OHSP Form 5 - Health Risk Reassessment Follow-up
- If you have a change in **health status** that might affect your occupational risk with animals, it is your responsibility to fill out OHSP Form 5 and send it to Via Christi Occupational Health Service, [francis.koopman@ascension.org](mailto:francis.koopman@ascension.org) phone: 785-776-2813
  - If you are injured, or become ill, working with animals, it is your responsibility to inform your supervisor and take appropriate action.

☐ By clicking (double click on the box and select “checked”), I agree that I have read, and understand, ALL of the information on this page; and that I have answered ALL of the questions above. Date: \_\_\_\_\_

8/5/2022