

How to complete your Animal Handler form for initial review and renewal

University of Maryland
University Health Center
Occupational Health Department

1. Go to myuhc.umd.edu to complete your Animal Handler questionnaire electronically
2. Enter your Directory ID and Password
3. Have your KFS Number available

Central Authentication Service (CAS)

DIRECTORY ID

PASSPHRASE

DON'T REMEMBER LOGIN

LOG IN

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

The Division of IT will never ask you to put your passphrase into an email message, but scammers will.

Do not share your passphrase with others!

[Forgot your passphrase?](#) / [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 §§ 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](#)

4. Click Appointments from the menu

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Immunizations

Log Out

5. Click Schedule an Appointment

I would like to...

Enter My COVID-19 Vaccination Information

Schedule an Appointment

View My Lab Results

You do not need to come to the Health Center for an in-person appointment. The appointment puts your form on the Occupational Health schedule to review.

TER PATIENT PORTAL (MYUHC)

rongly encourage you to upload the front and back of your insurance card prior to your appointment. Click on Insurance Card on the left side of this page. e the reason for your visit listed as an option, it means we need to gather more information from you in order to ensure you get the right type of appointment. Please call the UHC at 301-314-8184 to

NIZATIONS:

id box above the reads "Enter My COVID Vaccination Information".

ents by clicking FORMS on the left side of this page, then click IMMUNIZATIONS and follow the instructions. 4-8114.

POSITIVE FOR COVID-19:

test result at return.umd.edu. Once reported, you will receive a message with instructions and guidance. If you have additional COVID-19 questions, HEAL line staff can help you (301.405.4325). te of your positive test.

meet the following criteria:

in or after Day 6. You may use an at-home test. You do NOT need to report your negative test result. sing fever-reducing medications.

REMINDER:

page.

- Both sections need to be completed or your vaccine record cannot be processed.
- Upload your proof document in the top section.
- Enter the date/type of your vaccine in the bottom section.

[Version: 12.11.5976]

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Please read the following information before proceeding to schedule an appointment:

- If you are experiencing COVID-19 symptoms, or you have reason to believe you may have COVID-19, **WE STRONGLY RECOMMEND THAT YOU USE A SELF-TEST KIT BEFORE COMING TO THE UHC.**
- If you test positive, please notify our staff immediately before your arrival so that we may take the proper precautions to keep everyone safe during your visit.
- Masks are required at the UHC for anyone who is entering the building and should be worn for the entirety of your visit.

Appointment Type:

- Primary Care Visit
- Immunizations: Flu (Influenza) vaccine
- Immunization: COVID-19 booster
- Immunizations: all other vaccines
- Women's Health Visit (Includes STI Testing)
- Men's Health Visit (Includes STI Testing)
- Gender Affirming Care: Follow-up visit
- Gender Affirming Care: Physical Exam
- Isotretinoin (Accutane) Follow-up visit
- Pre-Exposure Prophylaxis (PrEP)
- Routine Physical Exam
- Quantiferon Gold TB Testing
- STI Self-Test Clinic (free)
- Lab Visit (For Existing Lab Orders)
- Wellness: Massage
- Wellness: Health Promotion & Wellness Services
- Other
- UHC Athletic Staff PPD
- UHC Animal Handler Questionnaire (for Occupational Health)
- UHC Respirator Clearance Questionnaire (For Occupational Health)
- UHC TB Questionnaire (For Occupational Health)

6. Select UHC Animal Handler Questionnaire (for Occupational Health) and hit Continue. On the next screen you will be asked to confirm your contact information.

If you do not see the appointment type you need, please call the Health Center at 301-314-8184 for assistance.

If you choose the wrong appointment type, you may be asked to reschedule your appointment

Continue

Cancel

Appointments available to book via the web:

Set search start date: 10/11/2023



System will search from the start date to the 14 to 21 (max) days following.

Visit Type: **OH FORM REVIEW 1**

Specified Reason Code:

- **Occ Health Forms - Animal Handler**

7. Select search for appointments

Search for appointments

8. Choose a date and time. Remember this is not an in-person appointment. This time slot is selected so the questionnaire appears on the schedule for the Occupational Health Staff to review.

Appointments available to book via the web:

Set search start date: 10/11/2023



System will search from the start date to the 14 to 21 (max) days following.

Visit Type: **OH FORM REVIEW 1**

Specified Reason Code:

- **Occ Health Forms - Animal Handler**

Search for appointments

Continue

9. Hit Continue to proceed and then confirm your appointment.

Select Appointment

- Wednesday, October 18, 2023 8:00 AM OH FORM REVIEW at Occupational Health
- Wednesday, October 18, 2023 8:15 AM OH FORM REVIEW at Occupational Health
- Wednesday, October 18, 2023 8:30 AM OH FORM REVIEW at Occupational Health
- Wednesday, October 18, 2023 8:45 AM OH FORM REVIEW at Occupational Health
- Wednesday, October 18, 2023 9:00 AM OH FORM REVIEW at Occupational Health

Symptom Questionnaire

This information may not be reviewed until your visit and will

10. Complete Your Questionnaire. *Remember this is not an in-person appointment. This time slot is selected so the questionnaire appears on the schedule for the Occupational Health Staff to review.*

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 new species.
2. The Risk Assessment must be completed periodically (between every 1 and 3 years) for those whose ongoing work involves animals. Unfortunately, our system is employee to view.
3. 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 materials, or chemical agents. (It is recommended that you discuss your pregnancy and your work environment with your primary care physician or healthcare pro

Animal Handler Risk Assessment Form

** FRS or KFS number (to be provided by PI):

** Review Type Initial Renewal

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)

- Amphibians
- Bats
- Birds
- Cattle
- Chickens
- Ferrets
- Fish
- Goats
- Horses
- Pigs
- Rabbits
- Reptiles
- Rodents (purpose bred)
- Rodents (wild)
- Sheep
- Other

11. Click Submit Final at the bottom of the form once you have completed your form. You can "Save Partial" if you need to come back to the form later.

VI. Additional Information

** By checking this box, I am acknowledging that I understand this is not a physical appointment at the health center. The health center representative will review your online questionnaire clearance letter or you will be contacted to provide additional information. If you require a clearance in less than 7 days, please contact the Occupational Health Department at 301-405-311

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.)

12. Select Immunizations and upload documentation for your Tdap vaccine received in the past 7 years.

Referrals

Handouts **2 Unread**

Messages **2 Unread**

Letters

Downloadable Forms

Forms **4 to Complete**

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Immunizations














Log Out

Add immunization record...

Add immunization form...

Save Records

Immunization Events

Procedure	Event Date
 COVID-19 Moderna [BOOSTER]	11/28/2021
 COVID-19 Moderna Bivalent (Administered)	10/20/2022
 COVID-19 Moderna mRNA-LNP spike	2/16/2021
 COVID-19 Moderna mRNA-LNP spike	1/19/2021
 Hepatitis B-adult (Administered)	1/26/2009
 Hepatitis B-adult (Administered)	7/21/2008
 Hepatitis B-adult (Administered)	6/10/2008
 Influenza - Fluarix (Administered)	10/4/2023
 Influenza - Fluarix (Administered)	10/18/2022
 Influenza - Fluarix	10/26/2021
 Influenza Injection - F/S (Administered)	10/30/2008
 Influenza Injection -Visitor (Administered)	10/26/2009
 PPD (Administered)	6/10/2008
 Tdap (Administered)	6/7/2022

7 days after submitting your form you will receive an email notifying you of a message from the University Health Center.

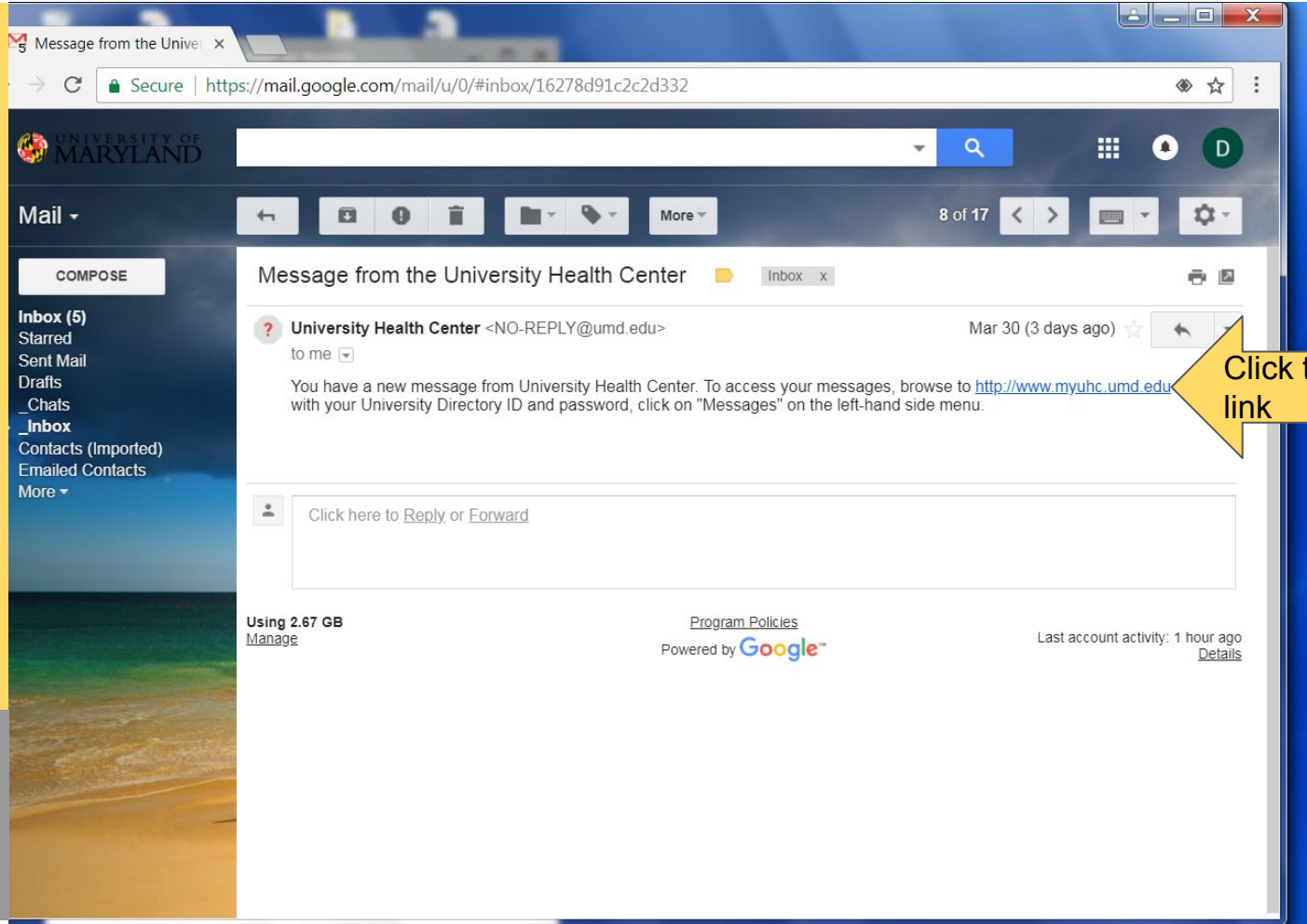
Click the link in the email to open the message.

It will have your Animal Handler Clearance or instructions about what additional steps you need to take to gain clearance.

If it is your clearance, print it, keep a copy, and give a copy to your PI.

The message remains in the portal if you need to access it in the future.

If you need to speak to someone about your clearance, please contact us at 301-405-3153



The screenshot shows a web browser window displaying a Gmail inbox. The browser's address bar shows the URL <https://mail.google.com/mail/u/0/#inbox/16278d91c2c2d332>. The Gmail interface includes a search bar, a navigation menu on the left with options like 'Compose', 'Inbox (5)', 'Starred', 'Sent Mail', 'Drafts', '_Chats', '_Inbox', 'Contacts (Imported)', and 'Emailed Contacts', and a main content area. The email being viewed is from 'University Health Center <NO-REPLY@umd.edu>' dated 'Mar 30 (3 days ago)'. The email body contains the text: 'You have a new message from University Health Center. To access your messages, browse to <http://www.myuhc.umd.edu> with your University Directory ID and password, click on "Messages" on the left-hand side menu.' A yellow arrow points to this link. Below the email body is a text input field with the placeholder text 'Click here to Reply or Forward'. At the bottom of the page, there are links for 'Using 2.67 GB Manage', 'Program Policies', 'Powered by Google', and 'Last account activity: 1 hour ago Details'.

Click this link

After your initial clearance, you will receive a follow-up message in 6 months inquiring about the development of allergy symptoms.

Please reply to this message if you are experiencing any symptoms listed within the message.

Favor - youngerd@umd. x Secure Messages Messag x

Secure | https://www.myuhc.umd.edu/messages_message_detail.aspx

JMD University Health Center Deirdre Younger

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Secure Messages Message Details Print

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

Message 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

Please reply to this message