



Service Personnel Limited Animal Area Access Form

March 2018

University Health Services

UHS

University of Wisconsin-Madison

eh@uhs.wisc.edu

608-890-1992



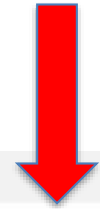
Steps to Complete Service Personnel Limited Area Access Form(s)

- 1) Open Browser: www.uhs.wisc.edu Or www.wisc.edu search MyUHS
- 2) Select : MyUHS at top of page
- 3) Log in with Net ID and Password
- 4) Select: **FORMS**
- 5) Complete Occupational Medicine forms 1 & 2
- 6) Click Messages
- 7) Click New Messages
- 8) Click Appropriate Role (UW Student/Domestic Partner OR UW Employee, Affiliate or Contract Worker)
- 9) Click “SERVICE PERSONNEL LIMITED ANIMAL AREA ACCESS FORM”. Complete the questionnaire and submit



Service Personnel Limited Area Access Form

Step 1: Select “MyUHS”,
<https://myuhs.uhs.wisc.edu>





Step 1: Log into MyUHS

Service Personnel Limited Area Access Form

UW-Madison MyUHS

If you have an active UW Madison NetID, please click the UW Madison NetID button to log in.

If do you not have a UW Madison NetID, please click the MyUHS username button.

DO NOT open multiple MyUHS tabs. Doing so will cause unexpected errors.

If you are having difficulties logging in with either method, Please email us at

myuhs@uhs.wisc.edu





Service Personnel Limited Area Access Form

Step 1: Log into MyUHS

← → ↻ 🏠 | 🔒 myuhs.uhs.wisc.edu/login_login.aspx

UW-Madison MyUHS

Login

Please enter your username and password. If you are logging in with your NetID and password, please return to the previous page.

If this is the first time you have visited MyUHS and you do not have a NetID, you will need to create your account. Please click the "Sign up for an Account" link below.

Trouble accessing your account? Please email us at myuhs@uhs.wisc.edu. Please do not call, we cannot help you over the phone. This email account is for technical support questions only. For additional contact information, call [608-265-5600](tel:608-265-5600) or visit <http://www.uhs.wisc.edu/contact/>

MyUHS Username:

Password:

[Sign up for an account](#) [Forgot Username/Password](#)

Please login or sign up for an account.



Step 2: Check status of Forms

Service Personnel Limited Area Access Form

The screenshot shows a web browser window with the URL myuhs.uhs.wisc.edu/home.aspx. The page title is "UW-Madison MyUHS" and the user is identified as "Testing Sp".

Navigation Menu:

- Home
- Profile
- Appointments
- Groups/Workshops
- Messages
- Letters
- Forms** (indicated by a red arrow)
- Survey Forms
- Account Statements
- UHS Health Record
- Immunizations

Home Page Content:

Home

You last logged in: 3/6/2018 12:18:32 PM
[Conditions of Use](#)

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

Welcome to MyUHS
DO NOT open multiple MyUHS tabs! Doing so will cause unexpected errors.

To protect your private health information you must either log out of MyUHS or close your browser when finished in MyUHS. Simply closing the MyUHS tab will NOT log you out. Failure to do so may result in others being able to view your information.

Please click on "[Conditions of Use](#)" above for further instructions on using MyUHS.

[Advanced Options]
You are seeing this link because your patient record is configured as a testing record.

[Version: 12.11.4124] [Connection Service: 12.11.0.4124]



Step 3: Check status of Forms

Service Personnel Limited Area Access Form

myuhs.uhs.wisc.edu/Emf.aspx

UW-Madison MyUHS

- Home
- Profile
- Appointments
- Groups/Workshops
- Messages
- Letters
- Forms**
- Survey Forms
- Account Statements
- UHS Health Record
- Immunizations

Name: **Spyder, Arachne A**
 School:
 ID Number: **N000203068**
Complete all forms in the list below. Once submitted these forms cannot be changed. Enter subsequent immunization updates by click blue "Immunizations" link.

Students and other individuals eligible to receive medical and mental health services at UHS should complete these forms prior to arrival on cam

Employees and others who require occupational medicine services related to their activities on campus must complete the forms below prior to services or clearance.

- ENTRANCE FORM: Personal Health History, Family Health History, Medications, Allergies
- ENTRANCE FORM: Immunizations
- ENTRANCE FORM: Personal Information

There Forms are completed only once!

MENTAL HEALTH: Informed Participation Agreement	Not Yet Complete: Please provide the requested information with special attention to the required fields.
NON-STUDENT: Privacy and Consent Form	Not Yet Complete: Please provide the requested information with special attention to the required fields.
OCCUPATIONAL MEDICINE: 1. Privacy Notice and Consent to Treat	Not Yet Complete: Please provide the requested information with special attention to the required fields.
OCCUPATIONAL MEDICINE: 2. Authorization for Release of Occupational Health Records	Not Yet Complete: Please provide the requested information with special attention to the required fields.





Step 3: Check status of Forms

Service Personnel Limited Area Access Form

UW-Madison MyUHS

Testing Spyder

- Home
- Profile
- Appointments
- Groups/Workshops
- Messages
- Letters
- Forms**
- Survey Forms
- Account Statements
- UHS Health Record
- Immunizations

Immunization, Health History, Insurance, Personal Information and Occupational Medicine Entrance Forms

Name: **Spyder, Testing T**

School:

ID Number: **N000198945**

Complete all forms in the list below. Once submitted these forms cannot be changed. Enter subsequent immunization updates by clicking on the blue "Immunizations" link.

Students and other individuals eligible to receive medical and mental health services at UHS should complete these forms prior to arrival on campus.

Employees and others who require occupational medicine services related to their activities on campus must complete the forms below prior to receiving services or clearance.

Forms already completed!

MENTAL HEALTH: Informed Participation Agreement (Non-Student)

Not Yet Complete:

Please provide the requested information with special attention to the required fields.

OCCUPATIONAL MEDICINE: 1. Privacy Notice and Consent to Treat

✓ **Completed:**

Submitted on: Tuesday, May 27, 2014 9:07 AM

OCCUPATIONAL MEDICINE: 2. Authorization for Release of Occupational Health Records

✓ **Completed:**

Submitted on: Tuesday, May 27, 2014 9:07 AM

cluding medication and

d".



Step 4,5: Access form via New Message

Service Personnel Limited Area Access Form

UW-Madison MyUHS Testing Spyder

- Home
- Profile
- Appointments
- Groups/Workshops
- Messages**
- Letters
- Forms
- Survey Forms
- Account Statements
- UHS Health Record
- Immunizations

Secure Messages Inbox

[New Message](#) [Refresh](#)

Read	From	Date	Subject
No Current Messages			



Step 6: Select Role

Service Personnel Limited Area Access Form

UW-Madison MyUHS

Home

Profile

Appointments

Groups/Workshops

Messages

Letters

Forms

Survey Forms

Account Statements

UHS Health Record

Immunizations

In addition to students and their domestic partners, UHS provides select services to employees.

PLEASE CHOOSE FROM THE OPTIONS BELOW SO WE CAN DIRECT YOUR MESSAGE TO THE APPROPRIATE SERVICE

Select One

- I am a UW Student or Domestic Partner
- I am a UW Employee, Affiliate or Contract Worker
- I am a UHS Employee

Continue

Cancel



Step 7: Complete form via Message

Service Personnel Limited Area Access Form

W-Madison MyUHS

Testing Spyder

- Home
- Profile
- Appointments
- Groups/Workshops
- Messages**
- Letters
- Forms
- Survey Forms
- Account Statements
- UHS Health Record
- Immunizations

Please CHOOSE THE QUESTIONNAIRE you need to complete from the list below.

Or, CHOOSE SEND A MESSAGE to the Occupational Medicine Clinic to request information regarding what you need to complete or if you require assistance

The OCCUPATIONAL MEDICINE PRIVACY AND CONSENT FORM and the AUTHORIZATION FOR RELEASE OF OCCUPATIONAL HEALTH RECORDS FORM must be completed and submitted in the FORMS tab of MyUHS (click "CANCEL" to return to the home page and select "FORMS" from the list on the left.

QUESTIONNAIRES completed in this area are submitted directly to Occupational Medicine.

- RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE (complete and submit)
- ANIMAL CONTACT RISK ASSESSMENT QUESTIONNAIRE (complete and submit)
- OM LASER OPERATOR QUESTIONNAIRE (complete and submit)
- SERVICE PERSONNEL LIMITED ANIMAL AREA ACCESS FORM (complete and submit)
- OM REACTIVE TST QUESTIONNAIRE (complete and submit)
- OCCUPATIONAL MEDICINE PRIVACY AND CONSENT FORM (completed in "FORMS")
- AUTHORIZATION FOR RELEASE OF OCCUPATIONAL HEALTH RECORDS FORM (completed in "FORMS")
- SEND A MESSAGE to the Occupational Medicine Clinic



Step 7 Complete form via Message

Service Personnel Limited Area Access Form

- [Home](#)
- [Profile](#)
- [Appointments](#)
- [Groups/Workshops](#)
- [Messages](#)
- [Letters](#)
- [Forms](#)
- [Survey Forms](#)
- [Account Statements](#)
- [UHS Health Record](#)
- [Immunizations](#)

Compose New Secure Message

Recipient: HIM OM
Message Type: OM SPLAAAF
Subject:

Items marked with **are required.

Service Personnel Limited Animal Area Access Form

This form helps the University protect your health. Many types of animals are on campus. At times you may work near animals or in their environment. There are some hazards you should be aware of when working in areas where animals are or may have been. Risks are usually low, but can be greater when you have certain health conditions.

Campus policy requires staff who may enter animal facilities to complete this form. Your responses to the questions are confidential. Only University Health Services staff will see them. If you have health conditions noted below, UHS will contact you to discuss actions you can take to protect yourself.

**** Check your work unit:**

- | | |
|--|---|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Steam Fitting | <input type="checkbox"/> Maintenance Mechanic |
| <input type="checkbox"/> Carpenter and Mason | <input type="checkbox"/> Paint Glazers and Tile Setters |
| <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Sheet Metal |
| <input type="checkbox"/> Pest Control | <input type="checkbox"/> Lock |
| <input type="checkbox"/> UWPD | <input type="checkbox"/> Other (specify below) |

If you selected Other above, please specify

**** Supervisor Name:**
 Supervisor email (if known)
 Supervisor phone (if known)

Animals

Animals commonly housed at the University include:

- Rats and Mice
- Horses
- Monkeys
- Sheep
- Dogs and Cats
- Pigs
- Cows
- Poultry
- Rabbits
- Others



Step 7 Complete form via Message

Service Personnel Limited Area Access Form

Messages

Letters

Forms

Survey Forms

Account Statements

UHS Health Record

Immunizations

Exposures and Hazards

Hazards in Animal Areas may include:

- Materials that may cause infection
- Animal material that may cause allergies such as fur, dander, or urine
- Chemicals

Protective Measures

- Read and follow safety instructions on door signs
- Talk to the facility or animal area manager about safety rules before entering animal areas
- Wash your hands often
- Talk to your supervisor about concerns
- Clean your tools before leaving animal areas
- Wear safety equipment that facility managers say is necessary
- Wear safety equipment as listed on door signs.

HEALTH CONCERNS - Answers will be confidential and meet UW campus Health Information Portability and Accountability Act (HIPAA)

Do you have any of these health concerns?

** Allergy, particularly to animals Yes No

** Asthma Yes No

** Chronic obstructive pulmonary disease or emphysema Yes No

** Heart valve or heart abnormalities (This is relevant to work with sheep) Yes No

** Compromised immune conditions such as organ transplant, cancer, diabetes, immune system suppression from medications or disease Yes No

** Concerns about pregnancy or reproductive health Yes No

** Would you like to discuss health concerns with a UHS health provider? Yes No

If you have a health condition above, you should talk to your doctor before working in facilities with animals or infectious materials.

3/2/18

Send

Cancel



Supervisor List

Area	Supervisor
Campus Renovation Services	Pam Barrett Amy Zabel-Pietz Kevin Smith
Campus Services	Bran Schenkel
Carpenter/Mason Shop	Sean Leary
Electric Shop	Kurt Johnson
Maintenance mechanics	Laura Gower
Paint shop	Brad Freitag
Plumbers	Marcella Otter
Sheetmetal Shop	John Gross
Steam fitters	Dave Propson Dan Stanford Ed Corcoran
Waste & Recycle	Lyle Jelle Kevin Peirce



Step 7 Complete form via Message

Service Personnel Limited Area Access Form

- Poultry
- Rabbits
- Others

Exposures and Hazards

Hazards in Animal Areas

- Materials that may cause
- Animal material that may
- Chemicals

Protective Measures

- Read and follow safety in
- Talk to the facility or anim
- Wash your hands often
- Talk to your supervisor about concerns
- Clean your tools before leaving animal areas
- Wear safety equipment that facility managers say is necessary
- Wear safety equipment as listed on door signs.

HEALTH CONCERNS - Answers will be confidential and meet UW campus Health Information Portability and Accountabi

Do you have any of these health concerns?

** Allergy, particularly to animals Yes No

This field is required.

** Asthma Yes No

This field is required.

** Chronic obstructive pulmonary disease or emphysema Yes No

This field is required.

Validation Errors ✕

The form was NOT submitted!

You missed 8 fields. They have been highlighted.



Step 7 Complete form via Message

Service Personnel Limited Area Access Form

The screenshot shows a web browser window with the URL `myuhs.uhs.wisc.edu/messages_send_finished.aspx`. The page header reads "UW-Madison MyUHS". A left-hand navigation menu includes links for Home, Profile, Appointments, Groups/Workshops, Messages (highlighted in blue), Letters, Forms, Survey Forms, Account Statements, UHS Health Record, and Immunizations. The main content area displays "Secure Message Sent" and "Your message has been sent." with a "Proceed" button below.



After Review

- E-mail sent directing you to MyUHS
- Log into MyUHS
- Look at Message, helpful information to reduce risk based on your personal health
- In some situations, additional follow-up may be requested by the Occupational Medicine team who will contact you



Questions?