Medical Recommendations for Workers Exposed to Cats

Please read the attached information regarding toxoplasmosis. If you have any questions regarding the declination process or policy, please contact University Health and Safety – Occupational Health (UHS-OH) at 612-626-5008 or uohs@umn.edu. If you have a health concern, please contact your primary care provider or UHS-OH for a referral.

What You Should Know About Toxoplasmosis

Toxoplasmosis is a disease caused by a microscopic parasite called *Toxoplasma gondii*. It is found in virtually all warm-blooded animals, including most pets, livestock, and human beings. Nearly one-third of all adults in the U.S. and in Europe have antibodies to *Toxoplasma*, which means they have been exposed to this parasite. Cats are definitive hosts who have acquired the infection by feeding on infected animals or undercooked meats. Humans usually become infected by consumption of raw or undercooked contaminated meat, or by contact with infected cat feces.

Patients for whom periodic screening for *t. gondii* is especially important are:

- Females of childbearing age (due to the possibility of congenital birth defects caused by this infection). Children exposed in utero may develop loss of vision, mental retardation, loss of hearing, and death in severe cases.

- Immunocompromised adults who have regular contact with cats and other animals prone to infection. Toxoplasmosis has been associated with pneumonia, liver damage, and loss of vision.

Ideally, women of childbearing age and immunocompromised adults who are in frequent contact with cats should be serologically tested for *Toxoplasma gondii* because if they are already seropositive, they are not at risk of symptoms of toxoplasmosis.

For additional information, please visit [http://www.cdc.gov/toxoplasmosis/factsheet.html](http://www.cdc.gov/toxoplasmosis/factsheet.html).
Declination Form for Toxoplasmosis Titer

Full Name (please print): __________________________________________________________

Date of Birth: ___________________________  Employee ID: ___________________________

I understand that serologic testing for toxoplasmosis is being offered by my employer due to my risk of occupational exposure to toxoplasmosis and not for the purpose of providing general health care.

I have received training on toxoplasmosis, and have received and read the Office of Occupational Health and Safety’s “Medical Recommendations for Workers Exposed to Cats” information sheet. I have had a chance to ask questions which were answered to my satisfaction. I know that the Office of Occupational Health and Safety can provide me with a physician to consult or I can consult my private physician before declining this serologic test. I understand I may be at risk of acquiring toxoplasmosis infection, a serious infection, through occupational exposure. I believe that I understand the benefits and risks of the toxoplasmosis testing offered. If, in the future, I continue to have occupational exposure, and I want to receive the toxoplasmosis serologic testing, I may do so at no charge to me.

I decline the serological testing at this time.

_________________________________________  ______________________________________
Signature of person declining toxoplasmosis titer  Signature date

Please return signed form to the Office of Occupational Health and Safety by mail or fax.

U.S. Mail:  
UHS: Occupational Health  
W-144 Boynton Health Service  
410 Church St. SE  
Minneapolis, MN 55455

Campus Mail  
UHS: Occupational Health  
N-302 BoynHS  
1171C  
Confidential Fax: (612) 626-9643

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