

**OCCUPATIONAL HEALTH SERVICES**

**ANIMAL CONTACT SURVEILLANCE QUESTIONNAIRE**

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| **DEMOGRAPHIC INFORMATION** | | | | |
| **Name:** |  | **ID #:** |  |
| **PI:** |  | **Supervisor:** |  |
| **Job Title:** |  | **Department:** |  |
| **Location:** |  | **Phone:** |  |

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| **TYPE OF ANIMAL CONTACT** |

1. **What animals will you be working with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **How many hours per week will you work with animals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Please indicate what kind of animal contact you will have by checking the boxes below:**

**Receiving animals  Handling dirty cages  Necropsy (animal autopsy)**

**Weighing/measuring animals  Waste management  Organ or tissue work**

**Changing bedding  Surgery  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **SYMPTOM REVIEW** |

1. **Do you have any of these symptoms? (Please check all that apply)**

**Nasal congestion or runny nose  Sinus problems  Swollen lips, tongue, or eyes**

**Cough  Shortness of breath  Hoarse voice**

**Sneezing  Wheezing  Eczema, skin rash, or hives**

**Itchy/watery eyes  Chest tightness  No symptoms**

1. **If you answered that you have any of the above allergy symptoms, when did your symptoms start?**

**Childhood  Adulthood  N/A**

1. **Do you have any history of contact dermatitis?  Yes  No**
2. **If you answered that you have any of the above allergy symptoms, please list any medications that you are taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N/A**
3. **If you answered that you have any of the above allergy symptoms, have you had skin testing or blood testing for allergies?**

**Yes  No  N/A If yes, date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Have you ever been diagnosed with asthma?**

**Yes  No If yes, date of diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Please list any medications that you have been prescribed or are now taking for asthma:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N/A**

1. **Do you have any history of immunodeficiency?**  **Yes  No**
2. **Do you take immunosuppressive medications?  Yes  No**
3. **Do you smoke?  Yes  No If yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Does anyone in your family have allergies?  Yes  No**
5. **Have you worked with lab animals before this job?  Yes  No**

**If yes, for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, what types of animals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, were you allergic to any of the animals that you worked with?  Yes  No**

1. **Are there any lab animals that you cannot work with due to allergy problems?**

**Yes  No**

1. **Have you ever changed jobs or working habits due to symptoms related to animals?**

**Yes  No**

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| **ASSESSMENT (TO BE COMPLETED BY OHS CLINICIAN)** |

**Cleared to work with animals without restrictions**

**Cleared to work with animals with restrictions as listed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not cleared to work with animals**

**Other:  PFT  RAST  Specialist Referral**

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| **EDUCATION PROVIDED (TO BE COMPLETED BY OHS CLINICIAN)** |

**Instructed to report any allergy symptoms to OHS**

**Instructed to wear appropriate personal protective equipment (PPE)**

**Instructed to always wash hands after leaving animal facility**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**