

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