



Occupational Health Program

Laboratory Annual Health Questionnaire

Name	Z #	Date of Birth:	E-mail
Employee/Student/Volunteer/Other (Circle one)	Department		Work Phone
Campus	Supervisor/PI		Supervisor's Phone

1. Are you allergic to any animals? Yes No

If yes, what animal(s)?

2. Are you exposed to animals outside of research?

If yes, what animal(s)?

3. What preventive/protective measure do you routinely employ in order to reduce your exposure to laboratory animal allergens?

Gloves Laboratory Coat Washing Hands after Exposure

Mask N-95 Respirator OTC Allergy Medication Other:

4. Do you feel the preventive measures are useful? Yes No

5. Since your last evaluation/questionnaire, have you experienced any of the following symptoms while working with laboratory animals?

Watery, burning, or itchy eyes Cough Shortness of breath

Chest tightness Wheezing Sneezing

Hives Rash Runny Nose

6. If you have asthma:

A. When did your asthma start? (year)

B. Are you currently taking any medicine (prescription or other the counter) to control your asthma?

Yes No If yes, please list:



7. In the last 12 months have you had any surgeries or taken any medications that:

- Affect your body's immune system
- Increases/decreases your heart rate
- Alters your normal breathing pattern.

If yes to any of the above, has your medical service provider cleared you to return to work and/or work with laboratory animals? Yes No

Comments – Please list any concerns or other health-related information the Medical Service Provider should know.

I have answered this form truthfully and to the best of my recollection. I give approval for my Medical Clearance to Handle Animals to be released to the Research and Environmental Health and Safety Departments.

Signature

Date

I may be contacted by:

Email:

Phone:



Medical Clearance to Handle Animals

The health of _____ has been assessed with the following results:

No medical restrictions for animal exposure.

Additional assessments/test recommended:

Medical restrictions or Personal Protective Equipment (PPE) required for animal exposure recommended as follows:

No animal exposure under any circumstances. Comments:

The individual listed above has been informed of any detected occupational and/or non-occupational medical condition(s), which warrant(s) further medical examination or treatment.

Licensed Healthcare Professional

Signature

Date

Please return this page to the participant and EHS.