Animal Use and Allergy Questionnaire (Confidential)

|  |  |
| --- | --- |
| Name:       | Date:Click here to enter a date. |
| Lab/Department:      | Date of Birth:      |
| Supervisor/PI:      | Email:      |
| Billing Account Number:      |

Describe your duties as it involves your potential exposure to animals: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Status:[ ]  PI [ ]  Post Doc Researcher [ ] Graduate Researcher/Student [ ] Vivarium Employee [ ] Facilities/NSU Staff

1. Laboratory Animal Use *Check the box that best describes your status (check all that apply)*

[ ] I enter the vivarium to perform maintenance or service work.

[ ] I am involved with research of animals or animal tissues.

[ ] I am involved with veterinary care or animal husbandry.

[ ] I am listed on an animal protocol but will not be working with or around animals and do not enter the vivarium space. (If checked, stop here and return form to EHS).

2. Animal/Tissues/Body Fluids (check all that apply):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Daily | 1-4 x/week | 1-3 x/month | Infrequent < 11 times/year |
| [ ] Mice  |[ ]  [ ]  | [ ]  | [ ]  |
| [ ] Rats | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ] Fish | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ] Guinea Pig | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  | [ ]  | [ ]  |

3. Describe the potentially hazardous materials that may be used in conjunction with your animal work.

**Infectious Agent (including human blood, tissues, cell lines, virus)** [ ] Yes [ ] No

If yes, please list:

**Anti-neoplastic agents (chemotherapy)** [ ] Yes [ ] No

If yes, please list:

**Other hazardous chemicals** [ ] Yes [ ] No

If yes, please list:

**Health History**

 4. Do you have allergies or asthma?[ ] Yes [ ] No

**If YES, what triggers your symptoms? What symptoms do you get? Check all that apply:**

|  |  |  |
| --- | --- | --- |
| [ ]  Pollen or plants[ ]  Animals     [ ]  Something at work[ ]  Foods[ ]  Medications[ ]  Latex[ ]  I’m not sure | [ ]  Skin rash or hives[ ]  Watery or itchy or red eyes[ ]  Runny nose or sinus congestion[ ]  Wheezing or chest tightness[ ]  Shortness of breath or difficulty breathing[ ]  Other | [ ]  Taking prescription medications[ ] Frequent colds, sinusitis or bronchitis[ ]  Any form of lung disease[ ]  Smoker[ ]  Use an inhaler |

5. List treatment you receive to relieve your allergies to animals.

6.Have you been seen by a physician for allergy symptoms or asthma specifically related to animals that you currently work with? [ ] Yes [ ] No Please explain:

**Do you wear a respirator at work?**

[ ]  Yes, a surgical/nuisance dust mask

[ ]  Yes, a fitted N95 or full/half-face respirator/PAPR

[ ]  No, I don’t wear a respirator

*If you feel you need to wear a respirator, or if you are due to renew your annual fit testing, contact EHS,* EHS@nova.edu

**Other Health Concerns**

*Certain pre-existing medical conditions can place an individual at greater risk of injury or illness in the animal care setting. Disclosure is not required; however, you may want to exclude yourself from working in an animal environment if you believe you may be at risk. Consult with your physician if you think you have any of the following or other conditions that may impair your immune system.*

- *Congenital immunodeficiency -Tuberculosis*

- *Acquired immunodeficiency -* *Immunosuppressive drug therapy*

- *Cancer -* *Allergic condition*

- *Pregnancy*  - *Organ or tissue transplant recipient*

7. Do you have an immune-compromising medical condition or are you taking medication that may impair your immune system? [ ] Yes [ ] No

8. Have you had? **Date Received**

|  |  |  |  |
| --- | --- | --- | --- |
| Tetanus Immunization | [ ] Yes  | [ ] No  |  |

9. Do you have any concerns that you would like to discuss confidentially with Occupational Health medical provider or your own personal physician about workplace issues that you feel may affect your health? [ ] Yes [ ] No

Please explain if yes

**This form can be completed by:**

* A primary care physician, or
* NSU Student Medical Center | Ziff Building (954) 262-1262, or
* NSU Employee Health Center | Ziff Building (954) 262-1860, or
* UrgentMed – **NOTE!** If using UrgentMed, they charge $20 and the individual is responsible for the fee at the time of drop off.

UrgentMed

2337 South University Drive Davie, FL 33324

Phone: (954) 423-9234

**~~~~~~~~~~~~~~RETURN ONLY THIS SECTION TO EHS~~~~~~~~~~~~~~**

**Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NSU N Number**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employees Must Provide NSU Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician or other licensed health care professional (PLHCP) Statement:**

\_\_\_\_ No Restrictions \_\_\_\_ Specific Restrictions \_\_\_\_NOT CLEARED

Physician Recommendations:

Physician or other licensed health care professional (PLHCP) Signature:

 Date

**Return ONLY** THIS PAGE TO NSU EHS | **DO NOT EMAIL PERSONAL INFORMATION**

Attention Beth Welmaker, Executive Director of EHS. (P) 954.262.8847

Or email: ewelmaker@nova.edu

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