

**MEDICAL MONITORING FORM FOR THOSE WORKING WITH ANIMALS  
(CONFIDENTIAL)**

Animal Use and Allergy Questionnaire (Confidential)

Name: \_\_\_\_\_ Date: [Click here to enter a date.](#)  
 Lab/Department: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Supervisor/PI: \_\_\_\_\_ Email: \_\_\_\_\_

Describe your duties as it involves your potential exposure to animals:

\_\_\_\_\_

\_\_\_\_\_

Status: ☐ PI ☐ Post Doc Researcher ☐ Graduate Researcher ☐ 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
<input type="checkbox"/> Mice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

<input type="checkbox"/> Pollen or plants <input type="checkbox"/> Animals _____ <input type="checkbox"/> Something at work <input type="checkbox"/> Foods <input type="checkbox"/> Medications <input type="checkbox"/> Latex <input type="checkbox"/> I'm not sure	<input type="checkbox"/> Skin rash or hives <input type="checkbox"/> Watery or itchy or red eyes <input type="checkbox"/> Runny nose or sinus congestion <input type="checkbox"/> Wheezing or chest tightness <input type="checkbox"/> Shortness of breath or difficulty breathing <input type="checkbox"/> Other	<input type="checkbox"/> Taking prescription medications <input type="checkbox"/> Frequent colds, sinusitis or bronchitis <input type="checkbox"/> Any form of lung disease <input type="checkbox"/> Smoker <input type="checkbox"/> Use an inhaler
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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, [EHSfac@nova.edu](mailto:EHSfac@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 \_\_\_\_\_

**Take completed form to:**

**UrgentMed**  
**2337 South University Drive**  
**Davie, FL 33324**  
**Phone: (954) 423-9234**

**Or NSU Employee / Student Health**  
**Ziff Building**  
**Davie, FL 33324**

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

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

**PHYSICIAN STATEMENT**

\_\_\_\_ No Restrictions                      \_\_\_\_ Specific Restrictions                      \_\_\_\_ NOT CLEARED

Physician Recommendations: \_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_

Return PHYSICIAN STATEMENT TO NSU EHS; Attention Beth Welmaker, Director of EHS. (P) 954.262.8847 Fax: 954.262.3900  
Or email: [ewelmaker@nova.edu](mailto:ewelmaker@nova.edu)