

Section B: Health Questionnaire

Since you last completed this health questionnaire have you developed

- Hay fever? Yes No
- Asthma? Yes No
- Allergic skin problems? Yes No

Do you have sneezing spells, runny or stuffy nose, watery or itchy eyes, coughing, wheezing, or shortness of breath after working with animals or their cages/bedding? Yes no

If yes, please answer the following:

1. When did symptoms begin? _____ (month and year)
2. Are the symptoms worse than one year ago? Yes no
3. Mark all of the following that cause any of your symptoms:
 Guinea pig Hamster Dog Cat Mice Rat Rabbit Horses
 Goat Birds/poultry Sheep Cattle Bedding Latex
 Other: _____

Have you developed any medical problems? Yes no

If yes, please describe _____

Will any of the following be used in conjunction with the animals?

- Chemicals Biohazards Radioisotopes N/A

Please describe: _____

When working with animals or animal materials/tissues do you wear the following?

(Check all that apply)

- Gloves Gown Goggles/glasses Face shield Hearing protection
- Filtering facepiece Respirator (e.g. N-95) surgical mask

Do you have any health or workplace concerns not covered by the questionnaire that you feel may affect your health, and would like to confidentially discuss with the Occupational Health staff? Yes no

If yes, where can we reach you and what is the best time? _____

Please be informed that certain medical conditions can increase your potential risk of health problems when working with animals. These medical conditions could include but are not limited to allergies to animals and /or animal dander, asthma, heart valve disease, immunosuppression and chronic back injury. You should also be aware that animals kept at home could have an impact on your ability to perform certain animal care duties with selected species of animals. If you have pets or farm animals at home, be sure to inform your supervisor.

Section C: Signature of Participant (Complete sections A,B,C)

The above information is true and complete to the best of my knowledge and I am aware that deliberate misrepresentation may jeopardize my health. I understand that this information is confidential and will not be released without my knowledge and written permission.

Signature of Participant

Date

Send completed and signed questionnaire to:

OSU Occupational Medicine
201 Plageman Building
Corvallis, OR, 97331
Or Fax to: 541-737-7236