

**Animal Exposure Program (AEP) for OSU Employees:
Annual Occupational Health Questionnaire**

Per OSU policy, those working with or around animals are required to complete this annual, confidential questionnaire to help evaluate individual health risks while at work. After reviewing your responses, staff at Occupational Medicine may contact you to discuss further medical evaluation and/or diagnostic procedures. If you have any health concerns related to your work throughout the year or if you decline further participation in this program, please contact Occupational Medicine staff personnel at 541-737-7566 or email occ.health@oregonstate.edu.

Section A: Participant Information		
Name:	OSU ID:	Date:
Email:	Work phone #:	Cell #:
My Role(s):	Faculty <input type="checkbox"/>	Staff <input type="checkbox"/>
	Supervisor <input type="checkbox"/>	Animal Researcher-Instructor <input type="checkbox"/>
	Student Employee <input type="checkbox"/>	
I work in/at:	VTH/OVDL <input type="checkbox"/>	Ag Facility <input type="checkbox"/>
	Lab Animal Facility <input type="checkbox"/>	Fish Facility <input type="checkbox"/>
	PI-managed Facility <input type="checkbox"/>	Field <input type="checkbox"/>
I work with:	Large/Farm Species <input type="checkbox"/>	Lab Rodents <input type="checkbox"/>
	Fish, Herptiles <input type="checkbox"/>	Wildlife <input type="checkbox"/>
	Dog/Cat <input type="checkbox"/>	Tissues/Samples <input type="checkbox"/>
Additional information (if applicable):		
Supervisor Name:	Department:	College:

Check all that apply below:

- I enter animal facilities, but have no direct contact with animals. **If checked, complete Section B, C and D.**
- I have contact with animals, animal tissues, samples, or waste **and/or** I am listed as a participant on an IACUC-approved Protocol. **If checked, complete Section B, C and D.**
- I am listed as a participant on an IACUC-approved Protocol, but will not be exposed to animals. **If checked, complete Section B, C and D.**
- I am no longer exposed to animals and/or enter animal facilities. **If checked, stop here and Sign Section D.**

Section B: Changes within the last year

- Has there been any change in your exposure to animals since you completed your last questionnaire? Yes No
Includes direct contact with animals, animal tissues or wastes, and animal facilities or enclosures.
 If **Yes**, please describe here and **complete Section C**, below: _____
- Since your last evaluation, have you received:

a. a tetanus booster?	Yes	Dates	No
b. a rabies vaccine	Yes	Dates	No
c. or rabies titer?	Yes	Dates	No
- For women:

a. Are you pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I choose not to answer <input type="checkbox"/>
b. or, planning to be pregnant in the next year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I choose not to answer <input type="checkbox"/>
- Have you had any on-the-job injuries or exposures since your last evaluation? Yes No
 If **Yes**, please describe here and **complete Section C**, below: _____
- Have there been any changes in your health history over the past year?
 Yes **Complete Section C and Sign in Section D**
 No **Skip Section C and Sign in Section D**

Section C: Additional Health History

6. Do you have sneezing spells, runny or stuffy nose, watery or itchy eyes, coughing, wheezing, or shortness of breath while working with or around animals? Yes No
7. Since you last completed this health questionnaire have you developed:
- a. Hay fever? Yes No
 - b. Asthma? Yes No
 - c. Allergic skin problems? Yes No
8. If **Yes** for Questions 6 or 7 above, please answer the following:
- a. When did your symptoms begin? (*month/year*) _____
 - b. Are symptoms worse than 1 year ago? Yes No
 - c. What causes your symptoms? (*check all that apply*)
Mammals: Mice Rats Rabbits Cats Dogs Horses Cattle
Birds: Poultry Other Birds: _____ Fish/Aquatics: Other animals: _____
Bedding Feeds Latex Cleaning agents Other: _____
9. Have you developed any new medical problems or started any new medications? Yes No
If **Yes**, please describe: _____
10. Will any potential safety or health hazards be used in conjunction with your animal work?
Chemical Biologic Radioisotopes Other N/A
If **checked**, please describe: _____
11. When working with animals or animal materials/tissues, do you wear the following? (*Check all that apply*)
Face: Goggles/glasses Face shield Respirator mask Surgical mask
Hearing: Disposable ear plugs Earmuffs
Clothes: Disposable gown Laundered scrubs/lab coat Laundered coveralls Splash apron
Hands: Handwashing Disposable gloves Other gloves
Feet: Shoe covers Work-only shoes/boots
12. Do you have any health or workplace concerns that you feel may affect your health? Yes No
If **Yes**, would you like to confidentially discuss them with the Occupational Medicine staff? Yes No
Preferred phone number and best time to reach you: _____

Please be aware 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 D: Signature

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.

Printed Name of Employee

Signature of Employee

Date