

Annual Animal Exposure Program Occupational Health and Safety Questionnaire
NON-OSU EMPLOYEES ONLY

Per OSU policy, please complete this required annual questionnaire to help evaluate individual health risks from exposure to animals while affiliated with OSU.

Section A: Participant Information	
Name:	OSU ID # (if applicable):
E-mail address:	Date:
Department:	Date of Birth:
Work address:	Job Title:
Project name:	Cell phone#:
Supervisor/PI name and phone #:	
Supervisor/PI email address:	

1. Check all that apply below:

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

2. Has there been any change in animal exposure since your last questionnaire was completed? This includes direct contact with animals, animal tissues or wastes, and animal enclosures. Yes No

If **yes**, please describe _____

Section B: Signature of NON OSU Employee

I, _____, have been informed that due to my occupational exposure to animals, I may be at risk of acquiring a zoonotic, allergic or animal related disease. Therefore, I should contact my primary care provider for any additional concerns related specifically to my health history. Per policy, I have reviewed the OSU Animal Exposure Occupational Health and Safety Program and completed the training on zoonoses on the OSU website: http://oregonstate.edu/ehs/training/animal_handler_training. Though not required, I am aware that an up-to-date **tetanus booster** is highly advisable when working with or around animals.

If at any time I become an OSU employee and continue to be involved in animal handling, I am aware that I must enroll in the OSU Animal Exposure Surveillance Program and will contact Occ Health with any questions regarding this transition.

Printed Name of Participant

Signature of Participant

Date

Send completed and signed questionnaire to:

OSU Occupational Medicine
201 Plageman Building
Room 103
Corvallis, OR, 97331

Or send via Confidential Fax: 541-737-7236