

**Initial Animal Exposure Occupational Health and Safety Questionnaire**  
**OSU EMPLOYEES ONLY**

**Part I—Sections A-C** are to be completed by Supervisor/Principal Investigator (PI); **Section D** by employee.  
 Supervisor/PI only needs to complete this form one time for everyone under their supervision unless one or more of the following has changed: The duration of animal contact, the type of activity, and/or the type of animal. A faculty PI should complete this form for him/herself.

**Part II—Sections A-D** are **confidential** and are to be completed by the OSU employee. **All information must be completed and returned to OSU, Occupational Medicine, 850 SW 26<sup>th</sup> Street or Fax to 541-737-7236.**

**Note:** Information in Parts I and II is forwarded to different groups, so participant information is needed twice.

**Part I: Animal Contact Review Questionnaire**

<b>Section A: Participant Information</b>	
Name:	Date:
OSU ID#:	Job Title:
Participant e-mail address:	Phone #:
Dept & work address:	
Project name:	
PI name and phone #:	
PI email address:	
Supervisor name (if different from above) and phone #:	
Supervisor email address:	

**1. Species Contact: Identify the level of exposure for each species for the participant named above and checkmark the appropriate column.**

<b>Section B: Must be completed by supervisor of participant</b>									
<b>Level I</b> No direct contact but enters animal facility.									
<b>Level II</b> Does not conduct procedures on live animals but handles “unfixed” animal tissues and fluids.									
<b>Level III</b> Minor exposures (handles, restrains, collects specimens or administer substances to live animals).									
<b>Level IV</b> Major exposures (performs invasive procedures such as surgery, necropsy).									
Species	Level of Exposure				Species	Level of Exposure			
	I	II	III	IV		I	II	III	IV
Amphibian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bird	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marine Mammal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cattle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rabbit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camelid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reptile	<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"/>	Sheep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guinea Pig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamster	<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"/>

Of the group(s) selected above, will any be encountered in the wild?  Yes  No

If so, please indicate which group(s):

**2. Education and Training:**

Yes  No The [Animal Handler Safety Training](#) has been viewed and documented (Required)

Yes  No The **supervisor** or instructor (for courses) has provided detailed safety information for the specific type of animal or animal source material to be used in the work. This training has been documented by the supervisor (Required).

Briefly list below any additional training or education pertinent to the proposed work:

**3. For live animals indicated under section B.1, identify any animals that are involved with or receive any of the following:**

- A) Recombinant Nucleic Acids .....  No  Yes
- B) Infectious Agents .....  No  Yes → specific agent: \_\_\_\_\_
- D) Human Cell Lines .....  No  Yes
- E) Hazardous Chemicals .....  No  Yes → specific agent: \_\_\_\_\_
- F) Radiation/Radioisotopes .....  No  Yes → specific agent: \_\_\_\_\_
- G) Lasers .....  No  Yes → laser type: \_\_\_\_\_
- H) Toxins .....  No  Yes → specific agent: \_\_\_\_\_

Specific training for all items identified in this section has been completed.  No  Yes

**SECTION C: Supervisor Certification**

By signature, I certify that the information provided is accurate, that I have provided the participant named in Section A with the OSU policy on Animal Exposure Occupational Health and Safety Program, and that I have provided necessary training on the items detailed in that policy and as specified on this form. I have provided the appropriate personal protective equipment to the participant at no charge. The participant has read the relevant species-specific guides.

Printed Supervisor Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION D: Participant Certification**

By signature, I certify that I have received the training documented on this form and have reviewed a copy of the species-specific guides itemized in Section B.2. I have received the appropriate personal protective equipment and have reviewed the OSU policy on Animal Exposure Occupational Health and Safety Program.

Printed Participant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SUPERVISOR/PI STOP HERE; EMPLOYEE FILLS OUT PART II**

## CONFIDENTIAL MEDICAL INFORMATION

### Part II : Initial Health Surveillance Questionnaire

If you are a non-OSU employee, a volunteer or have a courtesy appointment, please complete the NON-OSU employee form.

Information on page 3 and 4 should be completed by the employee only.

As an OSU employee, you are required to complete this questionnaire to help evaluate risks to your health related to animal exposure while at work. After reviewing your responses to this questionnaire, OSU Occupational Medicine staff may contact you to discuss further medical evaluation and/or diagnostic procedures. If your health information changes, please contact Occupational Medicine staff at 541-737-7566 or [occ.health@oregonstate.edu](mailto:occ.health@oregonstate.edu).

Section A: Participant Information			
Name: _____			
Work address: _____			Date: _____
OSU ID#: _____		DOB: _____ M <input type="checkbox"/> F <input type="checkbox"/>	
Work phone: _____		E-mail address: _____	
Participant status: (Check all that apply)	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff	<input type="checkbox"/> Veterinarian <input type="checkbox"/> Student worker	<input type="checkbox"/> Other: _____
Section B: Medical History			
<b>Immunizations/Titers</b>			
Have you ever had any of the following immunizations?			
Tetanus:	yes <input type="checkbox"/> no <input type="checkbox"/> Unsure <input type="checkbox"/>	Date of most recent booster (REQUIRED) _____	
Hepatitis B (series of 3):	yes <input type="checkbox"/> no <input type="checkbox"/> Unsure <input type="checkbox"/>	#1 _____ #2 _____ #3 _____	
Rabies (series of 3):	yes <input type="checkbox"/> no <input type="checkbox"/> Unsure <input type="checkbox"/>	#1 _____ #2 _____ #3 _____	
Rabies Titer:	yes <input type="checkbox"/> no <input type="checkbox"/> Unsure <input type="checkbox"/>	Date of most recent _____	

Personal Health History	Yes	No
1. Have you ever contracted an illness from animals, or experienced an animal related injury? If <b>yes</b> , explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been told by a physician that you have a chronic condition or a compromised immune system? If <b>yes</b> , explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any medication that impairs your immune system (steroids, immunosuppressive drugs, or chemotherapy)? If <b>yes</b> , please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. For women: Because some animal-borne infections can affect fetal outcome, are you pregnant, or planning to become pregnant in the next year? I choose not to answer <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. For individuals working with sheep:		
a. Do you have a history of known valvular disease (heart murmurs) or congenital heart disease? If <b>yes</b> , explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Treatment: _____		
b. Do you now have, or have you ever had Q-fever? If <b>yes</b> , date of diagnosis: _____	<input type="checkbox"/>	<input type="checkbox"/>

ENVIRONMENTAL ALLERGIES/ASTHMA		Yes	No
1. Are you allergic to any animal(s)?		<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , list animals:			
List all symptoms that occur when you are suffering from your allergies:			
Severity of Symptoms <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe			
List treatment that you receive to relieve your allergies:			
2. Do you have any other known allergies? (e.g., latex, animal feed, or substances/chemicals used)		<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , list:			
List symptoms that occur when you are suffering from your allergies:			
Severity of Symptoms: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> N/A			
List treatment that you receive to relieve your allergies:			
3. Do you have asthma?		<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , list cause(s) of asthma (if you do not know, write unknown):			
List symptoms that occur when you are suffering from asthma:			
Severity of symptoms: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe			
List treatment that you receive to relieve symptoms:			
4. Do you have allergy symptoms or asthma specifically related to animals that you currently work with?		<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , list symptoms:			
Severity of symptoms: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> N/A			
List treatment that you receive to relieve symptoms:			
5. Do you have any skin problems related to work?		<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , describe:			
6. Do you wear a respirator/mask to perform any activities at work?		<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , what kind?			
Were you fit tested by EH&S staff?		<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL PERSONAL HEALTH CONCERNS			
Do you have any health or workplace concerns not covered by the questionnaire that you feel may affect your occupational health and would like to confidentially discuss with the Occupational Health Staff or your personal care physician?		<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please leave a phone # and best time to reach you:			

**Section C: Signature of participant in program** (Complete section 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