

# University of Toledo



## Department of Laboratory Animal Resources

(DLAR)



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### Occupational and Medical History for Research Animal Contact

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**Interoffice Mail**

Occupational Health Screening Clinic

Emergency Department

MSS# 1114

Name: \_\_\_\_\_

Title: \_\_\_\_\_

The above employee has completed the Occupational and Medical History for Research Animal Contact Form. The form was reviewed by a Licensed Health Care Provider.

\_\_\_\_\_  
Licensed Health Care Provider Date

Follow-Up Required  **Yes**

Cleared  **Yes**

# Medical Surveillance Program

## Medical Surveillance Program Exposure Profile



Designed for Persons Working with  
Animals at the University

### GOALS

The following information is designed to help you assess your own risk and avoid potential health problems associated with animal exposure and potential hazard exposure.

This questionnaire is designed to detect early symptoms of illness due to animal and hazard exposures and provide medical consultation. Based on the information, you may be contacted by Occupational Medicine for further follow-up.

Name: _____	
Title: _____	
Department: _____	
Rocket #	Date of Birth:
Phone #	

## Occupational and Medical History for Research Animal Contact

Confidential

1. Please check all animal species that you work with:

- |                                |                                      |                                       |
|--------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Rats  | <input type="checkbox"/> Rabbits     | <input type="checkbox"/> Hamsters     |
| <input type="checkbox"/> Mice  | <input type="checkbox"/> Amphibians  | <input type="checkbox"/> Dogs         |
| <input type="checkbox"/> Fish  | <input type="checkbox"/> Reptiles    | <input type="checkbox"/> Cats         |
| <input type="checkbox"/> Swine | <input type="checkbox"/> Guinea Pigs | <input type="checkbox"/> Field Caught |

2. Have you ever developed any symptoms, illnesses or infections as a result of animal work?

- Yes     No

3. Have you ever been told by a physician that you have allergies?     Yes     No

4. Are you on any medications? Please list.

_____	_____
_____	_____
_____	_____

5. Do you regularly have any of the following symptoms?

- |   |  |
|---|--|
| <input type="checkbox"/> Itching/tearing eyes                     | <input type="checkbox"/> Wheezing            |
| <input type="checkbox"/> Positive TB skin test                    | <input type="checkbox"/> Chest tightness     |
| <input type="checkbox"/> Stuffy/running nose                      | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Sneezing                                 | <input type="checkbox"/> Asthma              |
| <input type="checkbox"/> Skin rash/hives                          | <input type="checkbox"/> Recurrent cough     |
| <input type="checkbox"/> Immune deficiency, cancer or steroid use |  |

6. If you had any of the symptoms listed above or any history of allergies in the past, have these worsened in the past year?     Yes     No

7. Do you have any health and safety concerns for which you would like to receive more information?     Yes     No

Please indicate the information desired:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Signature and date completed:

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

Today's Date: \_\_\_\_\_

The section below is to be completed by a Licensed Health Care Provider.

Follow-Up Required  No

Yes. Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & signature of Licensed Health Care Provider      Date

### Occupational Health Screening Nurse Tasks

- 1) Fax **page 1 only** to Health & Safety at 419-530-3606
- 2) Scan form & upload to ohm. Verify uploaded then shred

If the submit button does not work, click **download**. This will download the fillable PDF to your computer. Open the file on your computer and fill out the details and e-mail it to: [UTHealthScreen@UToledo.Edu](mailto:UTHealthScreen@UToledo.Edu)