Interoffice Mail

Nancy Gauger

Family Medicine

MS# 1205

University of Toledo Health Science Campus

Department of Laboratory Animal Resources

Occupational And Medical History For Research Animal Contact

CONFIDENTIAL

Name: _____

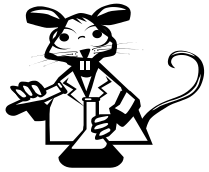
Title: _____

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

Medical Surveillance Program Exposure Profile



Designed for Persons Working with Animal 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.

Occupational Medicine for further follow-up:

Name:_____ **Department:**_____		
Date:	**UTAD**	**Date of Birth:**
Date Employed:	**Home Phone:**	**Work Phone:**

Occupational and Medical History for Research Animal Contact

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

☐ Rats	☐ **Rabbits**	☐ Hamsters
☐ Mice	☐ Amphibians	☐ Dogs
☐ Fish	☐ Reptiles	☐ Cats
☐ Swine	☐ Guinea Pigs	☐ 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?

☐ Itching/tearing eyes	☐ Wheezing
☐ Positive TB skin test	☐ Chest tightness
☐ Stuffy/running nose	☐ Shortness of breath
☐ Sneezing	☐ Asthma
☐ Skin rash/hives	☐ Recurrent cough

☐ 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:

_____

Date:

_____