



Date: _____

First Name: _____ MI: _____ Last Name: _____

Gender: **M** **F** Date of Birth _____ Social Security # _____ Email: _____

Primary Language: _____ Language you prefer used by your medical provider: _____

Department: _____ Office Address: _____ Office Phone: _____

Student Temporary Faculty Staff **Principle Investigator:** _____

Projected Duration of project/duties involving animals: _____

Animal Contact

What species of animals will you be exposed to?

[This includes direct contact with animals, animal tissues and/or wastes, and animal enclosures.]

- Guinea Pigs Pigs Rabbits Cats Other _____
 Rats or mice Sheep Wild Mammals Dogs
 Birds Non-Human Primates **requires TB testing & Rubeola immunity verification**

What kind of contact will you have? [Check all that apply.] Direct contact with animals

- Direct contact with non-fixed or non-sterilized animal tissues, fluids, or wastes
 Direct contact with non-sanitized animal caging or enclosures
 Service support to animal equipment, devices, and/or facilities

Do you have contact with animals outside of work? Yes No

If yes, please list the species _____

Allergy History

List any allergies to medications: _____

Do you have any of the following? (Check all that apply)

- Chronic cough Hay fever Skin rash Asthma
 Chronic allergies (food, pollens, dust) Allergic rhinitis (runny nose due to allergy)
 Allergic conjunctivitis (itchy, watery eye from allergy)
 A natural parent or sibling with allergies to animals or their substances

Are you allergic to?

- Dog Cat Farm Animals Bird (feathers) Sheep (wool) Primates
 Rabbit Swine Rats or mice Guinea Pigs Alfalfa Weeds
 Latex Grasses Trees Wood Chemicals Other _____

Do you have any of the following symptoms that you feel are caused by, or made worse, because of your work with laboratory animals?

- Watery, burning, or itchy eyes Runny nose Sneezing Shortness of breath
 Cough Chest tightness Wheezing Hives Rash

Please list any concerns or other information the provider should know: _____

Check here to verify that all information is accurate and that I have referred to and read all pertinent information related to the animals that I come in contact with. I have reviewed all of the risk related documents posted on the OSEH web site that refer to my current status.

SUBMIT ONLINE BY CLICKING THE "SUBMIT BY EMAIL" BUTTON OR CLICK THE "PRINT FORM" BUTTON TO PRINT A COPY OF THE FORM AND FAX TO 647-4768 FOR EVALUATION.