



FOUNDED 1782
300 WASHINGTON AVENUE CHESTERTOWN, MARYLAND 21620-1197

**OCCUPATIONAL HEALTH PROGRAM
LABORATORY ANIMAL ALLERGY INITIAL QUESTIONNAIRE**

Confidential

Return Form Via Campus Mail to Lisa Marx, CRNP, Health Services

Name: _____ WAC ID # _____

Student Faculty Staff

A. Animal Contact:

1. Indicate the types of animal contact you will have (please check all that are applicable):

- Direct contact and handling of animals
- Direct contact and handling of non-fixed or non-sterilized animal tissues, animal fluids, or animal wastes
- Direct contact with non-sanitized animal caging or enclosures
- Services, repair, or maintenance related support of animal equipment, devices, and/or facilities

2. Do you have contact with animals outside of Washington College? Yes No

If yes, please list the species:

3. Do you have any of the following symptoms that you feel may be caused, made worse or are the result of working with laboratory animals?

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Watery, burning, or itchy eyes | <input type="checkbox"/> Cough | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Chest tightness | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Hives | <input type="checkbox"/> Rash | <input type="checkbox"/> Runny nose |

4. Have you ever changed jobs/work habits because of symptoms from handling animals?

Yes No

B. Allergy History:

1. Indicate any allergic conditions you may have to the following:

- Animals Mold Grasses Weeds
 Latex Trees Medications

Chemicals (please list):

Other (please list):

C. Medical History (check if yes): **Yourself** **Immediate Family**

Medical Clearance to Handle Animals

The health of _____ has been assessed with the following results:

No medical restrictions for animal exposure.

Additional assessment/tests recommended:

Medical restrictions or Personal Protective Equipment (PPE) required for animal exposure recommended as follows:

No animal exposure under any circumstances. Comments:

The individual listed above has been informed by T_____