

University Health Services  
Phone (901)-448-5630 Fax (901)-448-7255

MR# \_\_\_\_\_  
Today's Date \_\_\_\_\_

### ANIMAL EXPOSURE QUESTIONNAIRE

Name: \_\_\_\_\_ P.I. you work with: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Grant #: \_\_\_\_\_  
Employer/Department: \_\_\_\_\_ Contract #: \_\_\_\_\_  
Job Classification: \_\_\_\_\_ Date Hired: \_\_\_\_\_  
Phone number (work): \_\_\_\_\_ Hours per week exposed to lab animals: \_\_\_\_\_

Do you use any bacteria, viruses or toxins when you work with the animals?  no  yes  
List all animal species you worked with during the past year:

List all animals you have at home:  
\_\_\_\_\_

Are you allergic to any drugs, foods, animals, pollens, molds or other environmental agents?  
 No  Yes (please list those allergies below)  
\_\_\_\_\_

Do you have asthma?  
 No  Yes (please list medications used for asthma including inhalers and over-the-counter medications)  
\_\_\_\_\_

How often do you experience any of the following symptoms when around **ANIMALS AT WORK?**

	Never	Up to once a month	2 to 4 times a month	Over 4 times a month	Almost every day
Wheezing					
Shortness of breath					
Chest tightness					
Sneezing					
Itchy eyes					
Watery eyes					
Runny nose					
Coughing					
Skin rash					

I have read the information "Allergies to Animals" on the UHS website at  
[http://www.utmem.edu/univheal/OC\\_Anim\\_Allergies.html](http://www.utmem.edu/univheal/OC_Anim_Allergies.html)

I verify that the above information is accurate to the best of my knowledge.  
Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For UHS use only:**  baseline  annual surveillance

Since the last questionnaire, allergy symptoms appear to be:  better  worse  unchanged.

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

Recommendations:  annual questionnaire  phone follow-up  further evaluation scheduled in UHS

Medical Provider's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
1/03