

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

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: _____