Medical Surveillance Questionnaire

For Personnel Working with or around Animals

Department of Environmental Health and Safety
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
(937) 775-2215

Contact Information

Personnel Status: ☐ Faculty ☐ Staff ☐ Student ☐ Visitor Last 4 digits of SS or U number:

Name (Last, First, MI) | Department | E-mail

Supervisor's/PI's Name | Campus Address | Telphone #

Will you be working with animals as part of a research project? ☐ Y ☐ N

Will you be working with animals as part of an academic class? ☐ Y ☐ N **Course number:**

Will you be entering the Laboratory Animal Resources Facility but not working directly with animals? ☐ Y ☐ N

If you answered "NO" to all three of these questions, then STOP and return this form.

I understand that due to my occupation and/or potential exposure to animals I may be at the risk of acquiring zoonotic diseases and/or animal related allergies . ☐ Yes ☐ No

Indicate the type(s) of animal contact you will have:

☐ 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

☐ Service, repair, or maintenance-related support of animal equipment, devices, and/or facilities

Estimated / known duration of the project, research, or duties involving animals:

Indicate all of the species of animals you will be exposed to - this includes direct contact with animals, animal tissues, and/or animal wastes, and animal enclosures/cages/bedding:

☐ Dogs ☐ Cats ☐ Rabbits ☐ Birds ☐ Farm Animals ☐ Fish ☐ Pigs

☐ Wild Mammels ☐ Sheep ☐ Rats or Mice ☐ Guinea Pigs ☐ Reptiles/Amphibians ☐ Wild Non-Mammels

☐ Non-human Primates ☐ Other

Do you have contact with animals outside of work?

☐ Yes ☐ No If yes, please list the species:

Do you have any of the following symptoms that you feel are caused by, made worse, or are the result of your work in an animal facility or with laboratory animals?

☐ Watery, burning, or itchy eyes ☐ Runny nose ☐ Sneezing ☐ Shortness of breath

☐ Cough ☐ Chest tightness ☐ Wheezing ☐ Hives ☐ Rash

Immunizations - year of last documented:

TB/Tuberculin test: Hepatitis A: Measels/Mumps/Rubella or MMR:

Tetanus/Diptheria: Hepatitis B: Pertussis: Rabies:

Allergy History

Indicate any allergic conditions you may have to the following:

☐ Dog ☐ Cat ☐ Farm Animals ☐ Bird (feathers) ☐ Sheep (wool) ☐ Non-Human Primates

☐ Rabbit ☐ Swine ☐ Rats or Mice ☐ Guinea Pigs ☐ Mold ☐ Weeds

☐ Latex ☐ Grasses ☐ Trees ☐ Wood

☐ Medications _____ ☐ Other _____ ☐ Chemicals _____

Indicate any medical conditions you may have:

☐ Chronic coughing ☐ Hay fever ☐ Skin rash ☐ Asthma ☐ Allergic conjunctivitis (itchy, watery eye from allergy)

☐ Chronic allergies (food, pollens, dust, or chemicals) ☐ Allergic rhintis

☐ A natural parent or sibling with animal related allergies

Medical History (Check if yes)

	Self	Immediate Family	Details
Respiratory Allergies, including Hay Fever	☐	☐	
Asthma	☐	☐	
Skin Allergies	☐	☐	
Food Allergies	☐	☐	
Chronic Sinus Disease	☐	☐	
Lung Disease	☐	☐	
Heart Disease	☐	☐	
Kidney Disease	☐	☐	
Diabetes Mellitus	☐	☐	
Cancer	☐	☐	
Compromised Immune System	☐	☐	
Any type of auto-immune disorder	☐	☐	
Hepatitis B / Hepatitis C	☐	☐	
Sickle Cell Disease, G6PD Defeciency	☐	☐	

Women: Pregnant, attempting pregnancy, or breast feeding: ☐ Y ☐ N

Are you currently on any medications? ☐ Y ☐ N If yes, list medications: _____

Please list any concerns or other health-related information the occupational health physician should know: _____

Print Name _____

Signature _____ Date: _____

Fill out and hand-deliver to Environmental Health and Safety (EHS)
047 Biological Sciences II

For Office Use Only

EHS Approval:_____

Investigator name:_____ AUP #:_____ LAR Approval:_____