



**The University of South Alabama College of Medicine
Health Surveillance Questionnaire – Occupational Health Program**

An important element of the Occupational Health Program is medical evaluation and preventive medicine. A component of the medical evaluation is a health history oriented towards the environment in which animals are used in research. The component of preventive medicine is in providing appropriate immunizations. Specific immunizations will depend upon specific exposures.

Name:	Social Security #:	Date of Birth:
Home Address:	Home Phone:	Today's Date:
Job Title:	Work Phone:	Faculty/Staff/Student:
Supervisor's Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Department:	Office Address:	

INSTRUCTIONS:

Completion of this questionnaire is required to work with laboratory animals in research.

This questionnaire is designed to protect your health. Please answer all questions truthfully and completely.

- 1) Fill out personal information above.
- 2) Complete Questionnaire - Part A and B (Note: Employees handling non-human primates must complete Part B2)
- 3) Fax questionnaire to: Attn: Donna Williams, Student Health Clinic, Fax # : 414-8227

PART A : OCCUPATIONAL / ENVIRONMENTAL RISK FACTORS

1) **Laboratory animal Use / Exposure:**

Species of Animals Handled (*check all that apply*)

- Mice/Rats Rabbits Cats Dogs Fish Amphibians Macaques
 Pigs Reptiles Squirrel Monkeys Ruminants
 Other _____
 Animal Facilities (*for maintenance and other support staff*) Describe type of work that may be performed in these facilities: _____

2) **Risk Assessment for Laboratory Animal Use:**

Which of the following do you anticipate exposure? (*check all that apply*)

	Daily	1-3 times/ week	1-3 times/ month	Infrequent	No Exposure
Animals/animal products (blood, tissues, wastes, body fluids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Carcinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Products (blood, body fluids, tissues, wastes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART B1: PERSONAL HEALTH RISK ASSESSMENT

1) **IMMUNIZATION HISTORY:**

	Yes	Year	No	Don't Know
Tetanus Vaccine	_____	_____	_____	_____
Hepatitis B (series of 3)	_____	_____	_____	_____
Rabies (series of 3)	_____	_____	_____	_____

2) **Infectious Disease History:** (e.g., salmonella, shigellosis, hepatitis, tuberculosis)

3) ENVIRONMENTAL ALLERGIES/ASTHMA:

- | | YES | NO | DON'T
KNOW |
|---|--------------------------|--------------------------|--------------------------|
| A. Do you have any known allergies?
If yes, what? _____
List cause(s) of allergies? _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| B. List symptoms that occur when you are suffering from allergies: | | | |
| C. List treatment(s) that you receive to relieve your allergies: | | | |
| D. Do you have asthma?
If yes, list cause(s) of asthma _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Do you have allergy symptoms or asthma specifically related to animals that you currently working with?.....
If yes, list your symptoms? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Do you experience any shortness of breath at work?
If yes, please explain. _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Do you have any current skin problems related to work (ie., reactions to latex gloves, cracked/dry skin, rashes?).....
If yes, please describe. _____ | | <input type="checkbox"/> | <input type="checkbox"/> |

4) Additional Personal Health Concerns:

- a. Medications you are currently taking: _____
- b. Are you currently under the care of a physician for any acute or chronic medical condition? (ie., blood pressure, kidney, heart, diabetes, or immunosuppression) _____
- c. Do you have any health or workplace concerns not covered by this questionnaire and would you like to discuss your concern with an occupational health physician? Yes No

(NOTE: Part B2/B3 of this questionnaire should only be completed by individuals working with non-human primates)

PART B2: PERSONAL HEALTH RISK ASSESSMENT - FOR INCREASED RISK EMPLOYEES

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have you ever had measles (rubeola)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Tuberculosis Surveillance | | |
| a. Have you lived in countries other than the United States?.....
If yes, what countries: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you ever had active tuberculosis?.....
If yes, list year and treatment received. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Date of last tuberculosis skin test: _____ | | |
| d. Have you received the tuberculosis vaccine Bacillus Calmette
Guerin (BCG) vaccination? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have you had a positive reaction to a tuberculin test.....
If yes, date of last chest x-ray: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

PART B3: For Comparative Medicine Employees Only

- 3. Do you use or wear any of the following personal protective items when working with animals?
 Protective Eye Glasses Yes No Mask/Respirator Yes No
 Lab Coat Yes No
- 4. Physical Exertion:
 - A. Heaving Lifting: Will you be required to lift animals, supplies or equipment exceeding 50 pounds? Yes No Don't Know
 - B. Repetitive Movement: Are you or will you be engaged in a repetitive movement activity? Yes No Don't Know