

Periodic Animal Contact Health Survey

Return sealed to: Office of Research Services
Medical Dental Research Bldg, Room 012
University of Louisville
Louisville, KY 40292

Questions? Contact:
Angela Bryant, IACUC – x7307 or
Dr. William King – x3675

Identification Information:

Please provide the following information (all is **required** except *pager and e-mail*):

Name: _____
First Middle Last

Employee ID Number: _____ **Date of Birth:** _____

Status: Student: Resident/Fellow: Staff: Faculty: Other:

Supervisor: _____

Primary Office/Bldg.: _____ **Room No.:** _____

Home Dept./ School: _____

Departmental Phone: _____

Research Site: _____ **Room No.:** _____

Dept. Sponsoring Research Activity: _____

Research Site Phone: _____

***Pager:** _____ ***E-mail:** _____

Participation in the Periodic Animal Contact Health Survey

I wish to participate in the periodic animal contact health survey to allow additional risk assessment to be performed. I understand that, **upon my consent**, select answers may be shared with the Department of Environmental Health and Safety for the purpose of identifying and controlling potential exposures. Otherwise, this information will be kept **strictly confidential** by the Health Services physician (Dr. Phillip Bressoud or his designate), who may contact me to discuss my individual risk assessment.

I have been advised that it is recommended that I participate in the periodic animal contact health survey, but I have voluntarily decided NOT to participate.

Signature: _____

Date: _____

Health Services Office Use ONLY

Received Health Services:	_____	(Initials)	_____	(Date)
Reviewed by:	_____	(Initials)	_____	(Date)
Cover Page FAXed to ORS:	_____	(Initials)	_____	(Date)

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Name (Last, First): _____
Date of Birth: _____

Please select one:

Initial Survey

Periodic/follow-up Survey

SECTION I: Personal History

1. Past Medical History

- No history of medical problems, surgery or hospitalizations
- Diabetes
- Hypertension
- Lung disease
- Allergies to animals
- Cancer
- Seizures
- Allergic Rhinitis (running nose, sneezing, etc)
- Atopic Dermatitis (allergic skin diseases)
- Asthma
- Allergies to plants or other materials
- Have you had surgery? (check those that apply)
 - appendectomy
 - tonsillectomy
 - heart surgery
 - gallbladder
 - hysterectomy
 - Spleen removed
 - other: _____
- Other medical conditions: _____

2. Are you currently under the care of a physician for any medical condition?

- Yes No

If yes, please describe:

3. Are you having trouble with your eyes during research activities involving animals?

- Yes No

If yes, please describe:

4. Do you currently have any illnesses that compromise your immune system that would make you more prone to diseases during research activities involving animals?

- Yes No

If yes, please describe:

5. Are you taking any medications, such as chemotherapy, which reduce the effectiveness of your immune system?

- Yes No

If yes, please describe:

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6. Do you have any environmental allergies such as foods, plants or animals?
 Yes No
If yes, please describe:
7. Are you allergic to any medications or drugs?
 Yes No
If yes, please describe:
8. Do you require medication for allergies such as running nose, sneezing, itchy eyes or asthma?
 Yes No
9. Do you have animals at home?
 Yes No

If yes, indicate types:

- | | |
|--------------------------------|-----------------------------------|
| <input type="radio"/> Mice | <input type="radio"/> Horses |
| <input type="radio"/> Rats | <input type="radio"/> Sheep |
| <input type="radio"/> Gerbils | <input type="radio"/> Guinea pigs |
| <input type="radio"/> Hamsters | <input type="radio"/> Primates |
| <input type="radio"/> Rabbits | <input type="radio"/> Fish |
| <input type="radio"/> Dogs | <input type="radio"/> Pigs |
| <input type="radio"/> Cats | <input type="radio"/> Other _____ |
| <input type="radio"/> Cows | |

10. Do you have any specific allergies to animal dander or protein?
 Yes No

If yes, indicate types:

<u>Species</u>	<u>Type of Reaction</u>				
Mice	<input type="radio"/> Rash	<input type="radio"/> Wheezing	<input type="radio"/> Itching	<input type="radio"/> Tearing	<input type="radio"/> Other _____
Rats	<input type="radio"/> Rash	<input type="radio"/> Wheezing	<input type="radio"/> Itching	<input type="radio"/> Tearing	<input type="radio"/> Other _____
Gerbils	<input type="radio"/> Rash	<input type="radio"/> Wheezing	<input type="radio"/> Itching	<input type="radio"/> Tearing	<input type="radio"/> Other _____
Tree Shrews	<input type="radio"/> Rash	<input type="radio"/> Wheezing	<input type="radio"/> Itching	<input type="radio"/> Tearing	<input type="radio"/> Other _____
Hamsters	<input type="radio"/> Rash	<input type="radio"/> Wheezing	<input type="radio"/> Itching	<input type="radio"/> Tearing	<input type="radio"/> Other _____
Rabbits	<input type="radio"/> Rash	<input type="radio"/> Wheezing	<input type="radio"/> Itching	<input type="radio"/> Tearing	<input type="radio"/> Other _____
Dogs	<input type="radio"/> Rash	<input type="radio"/> Wheezing	<input type="radio"/> Itching	<input type="radio"/> Tearing	<input type="radio"/> Other _____
Cats	<input type="radio"/> Rash	<input type="radio"/> Wheezing	<input type="radio"/> Itching	<input type="radio"/> Tearing	<input type="radio"/> Other _____
Cows	<input type="radio"/> Rash	<input type="radio"/> Wheezing	<input type="radio"/> Itching	<input type="radio"/> Tearing	<input type="radio"/> Other _____
Goats	<input type="radio"/> Rash	<input type="radio"/> Wheezing	<input type="radio"/> Itching	<input type="radio"/> Tearing	<input type="radio"/> Other _____
Sheep	<input type="radio"/> Rash	<input type="radio"/> Wheezing	<input type="radio"/> Itching	<input type="radio"/> Tearing	<input type="radio"/> Other _____
Guinea pigs	<input type="radio"/> Rash	<input type="radio"/> Wheezing	<input type="radio"/> Itching	<input type="radio"/> Tearing	<input type="radio"/> Other _____
Pigs	<input type="radio"/> Rash	<input type="radio"/> Wheezing	<input type="radio"/> Itching	<input type="radio"/> Tearing	<input type="radio"/> Other _____
Fish	<input type="radio"/> Rash	<input type="radio"/> Wheezing	<input type="radio"/> Itching	<input type="radio"/> Tearing	<input type="radio"/> Other _____
Other: _____	<input type="radio"/> Rash	<input type="radio"/> Wheezing	<input type="radio"/> Itching	<input type="radio"/> Tearing	<input type="radio"/> Other _____

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11. Please list *all* medications including the dosages that you are currently taking

Medication	Dosage	Frequency	Notes

12. Do you currently or have you required specialized accommodations (masks, ventilators, hoods) in order to work with animals?

Yes No

If yes, please describe:

13. Do you use or have you used tobacco products?

Yes No

If yes, please describe:

- smoke cigarettes smoke pipe chew tobacco products
- smoked cigarettes or used other tobacco products in the past

14. Do you regularly see a physician or other healthcare provider for any health problem?

Yes No

If yes, please describe:

15. In the past year, have you had any **NEW** medical problems?

Yes No

If yes, please describe:

16. Do you use or collect wild type mammals (e.g. field studies)?

Yes No

If yes, please describe:

17. When was your last tetanus shot?

- Within the last ten years
- More than 10 years ago

18. Do you believe you have become allergic to any animals that you use in your research?

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Yes No

If yes, please indicate which animals and the type of allergic reaction you are having:

You may review the following questions with your supervisor to determine the most appropriate answer and to determine whether or not some situations may change in the near future.

19. Describe the type and extent of animal contact that you have currently:

Animal species	Contact Hours/Month		
	Less than 5	Between 5 and 20	More than 20
Mice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gerbils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tree Shrews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamsters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rabbits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guinea pigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Do you work with pregnant sheep or goats in your research?

Yes No

21. During research activities involving animals, do you use organic solvents such as benzene, chloroform, toluene, methylene chloride, formalin, or other organic solvents?

Yes No

If yes, please describe:

22. During research activities involving animals, do you use dust masks or respirators routinely?

Yes No

If yes, please describe:

23. During research activities involving animals, do you use anesthetic gases such as flurane, isoflurane, nitrous oxide, metaflane, halothane, ether, or other anesthetic gases?

Yes No

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If yes, please describe:

24. Please list any biological agents that you are currently using in conjunction with research activities involving animals (including the genus and species if appropriate)?

<input type="checkbox"/>	Viruses	Types: _____
<input type="checkbox"/>	Fungi	Types: _____
<input type="checkbox"/>	Bacteria	Types: _____
<input type="checkbox"/>	Protozoa	Types: _____
<input type="checkbox"/>	Other	Types: _____

25. Do you use human tissue or body fluids in research activities involving animals?

Yes No

If yes, please describe:

Comments or Suggestions:

I have truthfully answered the questions to the best of my abilities.

Signature

Date Signed

Thank you for completing this health survey. Please verify that your name and date of birth are written on the bottom of each page. After your health survey has been reviewed, you will receive written health risk assessment based on your type of exposure.

Please return survey in a sealed envelope with your name on the front to:

Office of Research Services
c/o Angela Bryant
Medical Dental Research Bldg., Room 012
University of Louisville
Louisville, KY 40292

*Please note that the Office of Research Services **will not open** this envelope, but record that you have returned the survey and forward the sealed envelope directly to the Health Services Office.*

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