

UNCG IACUC Occupational Health Program

Annual Screening for Continued Work with Animals

Name Last First Middle Initial Sex Age Date of Birth

 ( )

Home Address City State Zip Home Phone

 ( )

Department Position Campus address Campus Phone

 ( )

Person to contact in the event of emergency Relationship Phone

Principal Investigator of Study: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Effective July 1, 2011, all researchers renewing an annual screening or getting an initial screening will need to forward this completed form to Dr. Eldaliz Fernandez by inter-office mail or by fax at 336-334-3299.

**PLEASE NOTE: Faculty and staff will have a discounted fee of $15. Students who are currently enrolled at UNCG and who provide their BCBS Student** **Blue health insurance information will not be charged a fee. If students do not provide this information, a $15 fee will be charged to the principal investigator’s department for payment.**

Annual screening for continued work with animals is important in continuing to protect the health and safety of individuals that come in frequent contact with animals during their employment or research. All information is strictly confidential.

1. What animals do you work with and are these animals different from your initial health screening?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. [ ]  Yes [ ]  No Have you ever been fitted for a respirator to wear while working with lab animals?

 [ ]  Yes [ ]  No If yes, have you enrolled in the [Respiratory Protection Program](http://www.uncg.edu/sft/Policy/Safety%20and%20Health%20Policy%20and%20Procedures%20Manual%20%28Autosaved%29.pdf) with the Safety Office? You will also need to complete [this questionnaire](file:///%5C%5Cspartandrive%5Cdepartments%5CCOMPLIANCE-11503%5CDepartment%5CIACUC%5CForms%5CMedical%20Questions%20to%20be%20provided%20to%20Doctor.docx).

3. When working with animals, how often do you wear the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal Protective Equipment** | **Never** | **Rarely** | **Sometimes** | **Always** |
| Gloves | [ ]  | [ ]  | [ ]  | [ ]  |
| Lab coat | [ ]  | [ ]  | [ ]  | [ ]  |
| Shoe covers | [ ]  | [ ]  | [ ]  | [ ]  |
| Surgical mask | [ ]  | [ ]  | [ ]  | [ ]  |
| Goggles/glasses | [ ]  | [ ]  | [ ]  | [ ]  |
| Respirator | [ ]  | [ ]  | [ ]  | [ ]  |

4. How frequently do you do the following after handling animals at work?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sanitation Act** | **Never** | **Rarely** | **Sometimes** | **Always** |
| Wash hands | [ ]  | [ ]  | [ ]  | [ ]  |
| Change clothes | [ ]  | [ ]  | [ ]  | [ ]  |
| Shower | [ ]  | [ ]  | [ ]  | [ ]  |

5. Since you last completed this Periodic Health Screening questionnaire have you developed any of the following?

Hay fever [ ]  Yes [ ]  No

Asthma [ ]  Yes [ ]  No

Allergic skin problems [ ]  Yes [ ]  No

6. [ ]  Yes [ ]  No Do you have sneezing spells, runny or stuffy nose, watery or itchy eyes, coughing, wheezing, or shortness of breath after working with lab animals or their cages? If yes, please answer the questions below.

a. When did the symptoms begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month/year)

b. [ ]  Yes [ ]  No Are the symptoms worse than one year ago?

c. Check the appropriate box(s) that cause any of the problem(s).

 [ ]  Mice [ ]  Rats [ ]  Reptiles [ ]  Bedding

 [ ]  Wild animals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. In general, how frequently are you bothered by the following symptoms related to work with animals or their cages?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Symptom** | **Not Troubled** | **Once/Month** | **Once/Week** | **Almost Daily** |
| Watery, itchy eyes | [ ]  | [ ]  | [ ]  | [ ]  |
| Runny or stuffy nose | [ ]  | [ ]  | [ ]  | [ ]  |
| Sneezing spells | [ ]  | [ ]  | [ ]  | [ ]  |
| Skin rash or hives | [ ]  | [ ]  | [ ]  | [ ]  |
| Frequent cough | [ ]  | [ ]  | [ ]  | [ ]  |
| Wheezing in chest | [ ]  | [ ]  | [ ]  | [ ]  |
| Shortness of breath | [ ]  | [ ]  | [ ]  | [ ]  |

8. [ ]  Yes [ ]  No Do you have any house pets? If yes, list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Have you recently been evaluated for or developed any animal-related health problems?

 If yes, please list/explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Yes [ ]  No Do you wish to talk to a medical provider concerning laboratory animal hazards?

*I understand the questions above and have answered truthfully and fully to the best of my knowledge. I hereby permit Student Health Services to review this confidential information.*

Please forward this completed form to Dr. Eldaliz Fernandez in Student Health Services by inter-office mail or by fax at 336-334-3299.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Date