ACHE | RESEARCH INSTITUTE HEALTH & WELLNESS CENTER

OCCUPATIONAL HEALTH QUESTIONNAIRE- ANIMAL CONTACT

PLEASE PRINT LEGIBLY

NAME:	**EMAIL:**
DATE OF BIRTH:	**WORK PHONE NUMBER:**
EMPLOYER:	**LAST FOUR DIGITS OF SS#:**
DEPARTMENT:	**SUPERVISOR:**

TETANUS IMMUNIZATION

HAVE YOU HAD A TETANUS IMMUNIZATION WITHIN THE LAST 5 YEARS?

☐ YES ☐NO

HAVE YOU HAD A TETANUS IMMUNIZATION WITHIN THE LAST 10 YEARS?

☐YES ☐ NO

HAS ANYTHING CHANGED WITH YOUR HEALTH, ALLERGIES, OR PPE USE SINCE YOU COMPLETED YOUR LAST QUESTIONNAIRE?

☐YES

☐NO

☐I HAVE NOT PREVIOUSLY COMPLETED AN ANIMAL CONTACT QUESTIONNAIRE

ANIMAL(S) YOU ARE IN CONTACT WITH WHILE AT WORK AND FREQUENCY OF EXPOSURE:

ANIMAL	HOURS PER WEEK OF CONTACT WHILE AT WORK	ANIMAL	HOURS PER WEEK OF CONTACT WHILE AT WORK
☐FISH		☐MICE	
☐OTHER (PLEASE NOTE)		☐RATS	
☐NO DIRECT ANIMAL CONTACT. INCIDENTAL EXPOSURES ONLY			

MEDICAL HISTORY

☐YES	**☐NO**	**HAVE THERE BEEN ANY CHANGES IN YOUR MEDICAL HISTORY IN THE PAST YEAR? IF YES, PLEASE LIST:**
☐YES	**☐NO**	**DO YOU HAVE ANY ONGOING CARDIAC OR PULMONARY MEDICAL PROBLEMS THAT AFFECT YOUR BREATHING? IF YES, PLEASE EXPLAIN:**
☐YES	**☐NO**	**HAVE YOU BEEN TOLD BY A PHYSICIAN THAT YOU HAVE AN IMMUNE-COMPROMISING MEDICAL CONDITION, OR ARE YOU TAKING MEDICATION THAT IMPAIRS YOUR IMMUNE SYSTEM (I.E., STEROIDS, IMMUNOSUPPRESSIVE DRUGS OR CHEMOTHERAPY)? IF YES, PLEASE EXPLAIN:**
☐YES	**☐NO**	**WOMEN: ARE YOU PREGNANT, OR PLAN TO BE PREGNANT IN THE NEXT YEAR?**

ALLERGY HISTORY

DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS/CONDITIONS? (CHECK ALL THAT APPLY.)

☐ASTHMA	☐CHRONIC COUGH	☐ITCHY, IRRITATED EYES
☐CHRONIC ALLERGIES (FOOD, POLLEN, DUST)	☐HAY FEVER	☐SKIN RASH

PLEASE DESCRIBE: _____

ARE YOU ALLERGIC TO ANY ANIMALS OR ANIMAL PRODUCTS? ☐YES ☐NO

IF YES, PLEASE LIST: _____

DO YOU HAVE OTHER ALLERGIES? (I.E., FOOD OR MEDICATIONS) ☐YES ☐NO IF YES, PLEASE LIST:
PLEASE DESCRIBE IN DETAIL THE REACTIONS YOU EXPERIENCE WHEN IN CONTACT WITH THE THINGS YOU ARE ALLERGIC TO:
ARE YOU TAKING ALLERGY MEDICATION? ☐YES ☐NO IF YES, PLEASE LIST MEDICATIONS AND FREQUENCY:

WHILE WORKING WITH ANIMALS, ANIMAL TISSUES, WASTE, BODY FLUIDS, AND CARCASSES, OR WHEN IN ANIMAL HOUSING AREAS, HOW OFTEN DO YOU WEAR THE FOLLOWING PERSONAL PROTECTIVE EQUIPMENT?

DISPOSABLE GLOVES	☐NEVER	☐RARELY	☐SOMETIMES	☐ALWAYS
GOWN	☐NEVER	☐RARELY	☐SOMETIMES	☐ALWAYS
MASK	☐NEVER	☐RARELY	☐SOMETIMES	☐ALWAYS
CAP	☐NEVER	☐RARELY	☐SOMETIMES	☐ALWAYS
PROTECTIVE EYE WEAR	☐NEVER	☐RARELY	☐SOMETIMES	☐ALWAYS
N95 RESPIRATOR	☐NEVER	☐RARELY	☐SOMETIMES	☐ALWAYS
OTHER:				

SIGNATURE:	**DATE:**
INTERNAL OCCUPATIONAL HEALTH SIGNATURE:	**DATE:**

YOUR ON-GOING SAFETY IS IMPORTANT TO THE ARKANSAS COLLEGES OF HEALTH EDUCATION AND INTERNAL OCCUPATIONAL HEALTH. PLEASE CONTACT INTERNAL OCCUPATIONAL HEALTH WITH ANY QUESTION YOU MAY HAVE REGARDING THIS QUESTIONNAIRE, OR IF ANY OF YOUR ANSWERS CHANGE IN THE FUTURE.

PLEASE RETURN THIS COMPLETED FORM TO THE SECURITY OFFICE ON THE FIRST FLOOR OF THE ACHE RESEARCH INSTITUTE HEALTH AND WELLNESS CENTER.