



Occupational Health and Safety Program Animal Risk Questionnaire

Please complete this form legibly and completely.

| | | |
|----------------------------|------------------------|-----------------------|
| Last Name | First Name | Middle Initial |
| UNL ID # | Date of Birth | Today's Date |
| Job Title | Home/Cell Phone | |
| E-mail Address | Work Phone | |
| Campus Mail Address | | Supervisor |
| Department: | Cost Center #: | Facility: |

Once completed, mail forms to:

Institutional Animal Care Program (IACP)
University of Nebraska Lincoln 110 Mussehl Hall
Lincoln, NE 68583-0720
Or Fax: 402-472-5887

PART A: Occupational and Environmental Risk Factors

I. Animal Contact (Check all that apply)

I have no contact with animals through my employment at UNL.

If you check this box, please sign on page 5 and return to IACP. You do not need to complete the remainder of this form.

I do not have direct contact with animals, but I currently work or may work in areas where animals are used or housed, (including administrative, facility, maintenance, and safety personnel who provide service support to animal care facilities) **Proceed to page 2**

I have contact with animals in teaching or research through a university approved animal care and use protocol. **Proceed to page 2**

I am involved in animal care or provide veterinary care to research and teaching animals. **Proceed to page 2**

Please indicate the type of contact you have with the following species according to the following designation:

- 1 = No direct contact
- 2 = Animal husbandry or animal care
- 3 = No contact with live animals; contact with “unfixed” tissues and/or body fluids
- 4 = Handle, restrain, administer substances to animals, etc. in teaching or research
- 5 = Collect tissues or body fluid specimens, perform surgery or other invasive procedures, provide veterinary care or necropsy.
- 6 = Exposure at home.

Species and Type of Contact
(See above)

| | None 1 | Husbandry/ Care 2 | Fluid/Tissue Only 3 | Research/ Teaching 4 | Surgery Vet care Necropsy 5 | Home Exposure 6 |
|--------------------------|-----------|-------------------------|---------------------------|----------------------------|--------------------------------------|-----------------------|
| Rat | | | | | | |
| Mouse | | | | | | |
| Hamster | | | | | | |
| Guinea Pig | | | | | | |
| Dog | | | | | | |
| Cat | | | | | | |
| Poultry | | | | | | |
| Bird | | | | | | |
| Amphibians | | | | | | |
| Reptiles | | | | | | |
| Cattle | | | | | | |
| Horse | | | | | | |
| Pig | | | | | | |
| Goat | | | | | | |
| Sheep | | | | | | |
| Rabbits | | | | | | |
| Other species (list): | | | | | | |
| | | | | | | |
| | | | | | | |

II. Hazards Associated With Animal Contact

Complete the following section for each agent to which you are exposed in conjunction with animal care, teaching, or research activities.

****This section must be completed for your survey to pass screening. Talk to your supervisor if you are unsure about exposure to one of these items****

| Agent | Yes | No | Specify Agents |
|------------------------------|-----|----|----------------|
| Infectious agent | | | |
| Recombinant DNA | | | |
| Genetically altered material | | | |
| Radioactive material | | | |
| Toxic chemicals | | | |
| Carcinogen or mutagen | | | |
| Anesthetic gases | | | |
| Other: | | | |

PART B: PERSONAL HEALTH HISTORY

I. Environmental Allergies, Asthma, Skin Problems, and General Health Status.

| | Yes | No |
|--|-----|----|
| Are you allergic to any animals? | | |
| If yes, list the animals: | | |
| If yes, have you been seen by a physician for animal allergies? | | |
| Have you developed any symptoms or illness as a result of your exposure to animals? | | |
| If yes, describe: | | |
| Do you have any other known allergies? | | |
| If yes, list cause(s) of allergies: | | |
| List your allergy symptoms that occur: | | |
| List treatments that you use to relieve your allergies: | | |

| | Yes | No |
|--|-----|----|
| Do you have asthma? | | |
| If yes, list cause(s). If you do not know the cause, list "unknown". | | |
| Do you have asthma triggered by the animals that you currently work with? | | |
| If yes, have you been seen by a physician for this? | | |
| Do you experience shortness of breath? | | |
| If yes, please explain: | | |
| Do you wear a fit tested respirator to perform any activities at work? | | |
| If yes, date of last supervised fit testing? | | |
| Do you have any skin rashes related to your work (for example, reactions to latex, dry or cracked skin, or other rashes)? | | |
| If yes, please describe: | | |
| Do you have any chronic medical conditions that you feel may be negatively affected by working with animals? | | |
| If yes, please describe: | | |
| Are you currently under the care of a physician for acute or chronic medical conditions (for example, high blood pressure, diabetes, arthritis, heart conditions, headaches, lung, kidney, cancer or immuno-suppression)? | | |
| If yes, please describe: | | |
| Do you have an immune deficiency disorder or take any medicine which increases your risk of infection? Examples of medical conditions with higher risk of infection: cancer, leukemia, immune deficiency syndromes. Examples of medicines which increases risk of infection: steroids, prednisone, infliximab (Remicade), etanercept Enbrel, adalimumab Humira. | | |
| If yes, please describe: | | |

II. Immunization Status and History

Have you been immunized against tetanus?

- Yes (Year of most recent immunization: _____)
- No
- Don't know

Have you been immunized against rabies?

- Yes (Year of initial vaccination _____)
- No
- Don't know

If your rabies vaccination was more than 2 years ago, have you had your titer checked within the past 2 years?

- Yes
- No

III. Additional Personal Health Concerns:

Do you have any health or workplace concerns not covered by the questionnaire that you feel may affect your occupational health and that you would like to confidentially discuss with the Occupational Health Specialist?

- Yes
- No

IV. Individuals Working with Sheep

(Skip this section if you do not work with sheep).

Do you have a history of known heart valvular disease (heart murmurs) or congenital heart disease?

- Yes
- No

Do you now have or have you ever had Q-fever (*Coxiella Burnetii* infection)?

- Yes
- No
- Don't know

I have read the information provided on this form and completed it to the best of my recollection. If my health status or work changes at any time, I understand that it is in my best interest to submit a new form for evaluation. I understand that this form is used to evaluate my risk of illness or injury due to my exposure to animals as a result of my employment at UNL. These services will establish a medical reference baseline for my protection to assist in treating any illness or injury that may occur as a result of my work or service in using or caring for animals.

Print name _____

Date _____

Signature _____