CONFIDENTIAL
For Review by Designated Medical Clinician Only

San Francisco State University

LABORATORY ANIMAL OCCUPATIONAL HEALTH SCREENING
PERIODIC (POSTEXPOSURE) QUESTIONNAIRE

This ***confidential*** questionnaire requests important work/training and medical information from persons who may come in direct contact with animals at SFSU. Please complete this questionnaire and provide it to the SFSU Human and Animal Protections in a sealed envelope, signed across the flap. The Office will forward the sealed envelope to SFSU's designated medical reviewer. You may be contacted by the reviewer for additional information if incomplete or further explanation is needed. Some persons may be asked to complete a physical examination based upon their work exposures and this questionnaire after review by the occupational health clinician.

Name: _____
Position (e.g., faculty, staff, student): _____
Work Phone: _____ Home or Cell Phone: _____
Email: _____ Best time to contact you _____
Supervisor/advisor or instructor: _____
Their work phone: _____ Email: _____

1. LABORATORY ANIMAL USE

A. Are you still working with or around lab animals? ☐ Yes ☐ No
If NO, stop and return this questionnaire to SFSU Human and Animal Protections

B. Please describe your current work/study tasks that involve exposure to lab animals, their bedding or tissues (e.g., injections, dissection, cage cleaning): _____
_____

C. Do you use or wear any of the following personal protection in your work with animals?

Safety glasses/goggles	☐ Yes ☐ No
Lab coat/coveralls	☐ Yes ☐ No
Gloves	☐ Yes ☐ No
Hair cover	☐ Yes ☐ No
Mask (surgical type)	☐ Yes ☐ No
Respirator (N95 type or other)	☐ Yes ☐ No

D. Have you developed new or worsening allergy symptoms (e.g., sneezing, cough, rash) or illnesses (e.g., infections) as a result of any contact with or being around animals at work? ☐ Yes ☐ No
If YES, please describe: _____
_____

E. Have you had any bites, scratches, cuts, or needlesticks from animal manipulations, cages, or their tissues since your last occupational health review? ☐ Yes ☐ No
If yes, please describe: _____

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ANIMAL EXPOSURE INVENTORY (*Check ALL* that apply)

	Average **Frequency of Contact**				**Types of Exposure**		
Animal Exposure (Include work, home, hobby)	Daily	Weekly	Monthly	Hours per day or week	Live Animals	Dead Animals / Tissues	Dirty Bedding/ Cage Changing
RATS							
MICE							
RABBITS							
REPTILES (List):							
FROGS XENOPUS							
FISH							
OTHER (List):							

2. PERSONAL HEALTH HISTORY

A. Have you had any of the following health problems since your last occupational health review? Please mark below ALL THAT APPLY or check: ❑ None.

- ❑ Seasonal allergies (Hayfever: sneezing, itchy eyes, runny nose)
- ❑ Asthma (attacks of wheezing, shortness of breath, chest tightness or cough)
- ❑ Eczema/Hives (allergic skin rash)
- ❑ Anaphylaxis (severe shock-like allergic reaction)
- ❑ Unexplained illnesses or infections

B. Are you currently taking any medications for allergies? ❑ Yes ❑ No

List all medications including over the counter medications: _____

_____

C. Do you have any health or workplace concerns not covered by this questionnaire that you would like to confidentially discuss with an Occupational Health Clinician? ❑ Yes ❑ No

Please read the following and sign and date before submitting:

The above information is true and complete to the best of my knowledge and I am aware that deliberate misrepresentation may jeopardize my health. I understand that this information is confidential and will not be released without my knowledge and written permission.

_____

Signature of Participant Date

_____

DO NOT WRITE BELOW THIS AREA. FOR CLINICIAN USE ONLY.

Form reviewed by: _____ _____

Clinician Date

Participant contacted: YES NO _____

Date

Comments/Recommendations/Referral: _____

_____