



Occupational Health and Safety - Animal Care Program Michigan Technological University

Medical Health Questionnaire: Part I

Confidentiality Statement: This form requests that you provide personal health information that is protected by state and federal law. Your rights to the confidentiality of your personal health information will be strictly maintained. Your information will be used or disclosed in accordance with those policies and laws only to the minimal extent necessary for your treatment or business operations. You are not required to disclose this information.

A. PERSONAL INFORMATION

Name:	M Number:
Job Title/Student if Applicable:	PI's Department:
Laboratory Bldg/Room Number:	Your Contact Number(s):
Principal Investigator:	Protocol Number:

B. ANIMAL INFORMATION (Identify animals you will be working with)

- Amphibians/Reptiles Fish
 Birds Laboratory Rodents (rats, mice, guinea pigs, hamsters, etc.)
 Rabbits Other (specify) _____

C. ANIMAL/ANIMAL TISSUE EXPOSURE INFORMATION

Describe your position as it involves your potential exposure to animals (what type of animal work do you anticipate doing?) (Faculty, Principal Investigator (PI), Post Doc, Staff member; Veterinarian; Animal Attendant etc.)

Yes	No	Description
<input type="checkbox"/>	<input type="checkbox"/>	I am involved with veterinary care, animal husbandry, or have other direct contact with animals used for research and/or teaching.
<input type="checkbox"/>	<input type="checkbox"/>	I am involved with animal attendant responsibilities including, but not limited to, the feeding and watering of animals, cleaning of cages and racks, cleaning and disinfecting of animal rooms.
<input type="checkbox"/>	<input type="checkbox"/>	I am not handling animals but will be working in areas of the animal facility where animals are housed.
<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____

Medical Health Questionnaire: Part II

D. ANIMAL ALLERGIES

Yes	No	Description
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a personal or family history of allergies (sneezing, runny or stuffy nose, watery or itchy eyes, coughing, wheezing, shortness of breath, chest tightness, skin rash or hives) derived from exposure to mold, pollen, dust mites, latex, or other contaminants? If yes, indicate the source of the allergies.
<input type="checkbox"/>	<input type="checkbox"/>	Have these symptoms required any treatment with over-the-counter medications (Claritin, Benadryl, decongestants, eye drops, etc.) or necessitated treatment by your own physician?
<input type="checkbox"/>	<input type="checkbox"/>	Have you experienced allergies (sneezing, runny or stuffy nose, watery or itchy eyes, coughing, wheezing, shortness of breath, chest tightness, skin rash or hives) after exposure to animals or their cages and bedding? If yes, indicate what type of animal(s).
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a personal or family history of asthma, asthma-like symptoms, hay fever or eczema? If yes, indicate. What is the cause?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had to wear a respirator, goggles or protective clothing to protect yourself from allergies (e.g., hay fever [rhinitis], eye symptoms, hives or asthma) at work?

E. OTHER

Yes	No	Description
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been evaluated for a lab animal or research related health problem? If yes, please explain.
<input type="checkbox"/>	<input type="checkbox"/>	Are you immunosuppressed, post-splenectomy or taking immunosuppressant drugs? Do you have an immune suppressing condition? This can occur due to an immunodeficiency disorder/disease, taking medications that suppress the immune system such as long term corticosteroid use or undergoing surgery such as an organ transplant or spleen removal. If yes, indicate the condition.
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any disabilities / limitations which would affect your ability to perform work duties (bend, lift, carry, walk, read or talk?) If yes, please explain.
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any health or workplace concerns not covered by the questionnaire that you feel may affect your occupational health and would like to confidentially discuss? If you select "yes," you will be contacted for follow up.

F. IMMUNIZATION

Tetanus Immunization/Booster: A tetanus booster is recommended for all adults every 10 years per the Centers for Disease Control's adult immunization schedule. Tdap or Td is offered to all personnel working with research animals at no cost.

Would you like to receive a tetanus immunization (Tdap shot)? If yes, you will be contacted for follow up.

Yes

No

Special Notice

Due to occupational job duties, you may be at risk of exposure to potentially infectious materials and/or blood or blood products that may put you at risk for acquiring diseases. Certain accommodations may be required for your safety, including immunizations, use of respirator, special protective equipment or clothing, etc. You will be informed of any additional requirements.

Female Personnel: If you are pregnant or become pregnant while involved in the animal care and use program, certain precautions may need to be taken during your pregnancy due to the risks associated with animals, biohazardous materials, radiation, or chemical agents. You are encouraged to discuss this with your personal care physician. Female personnel planning a pregnancy or who become pregnant while working with lab animals or in a laboratory setting are NOT required to notify the institution of this information. However, resources are available to confidentially discuss any reproductive health concerns you have involving your work with lab animals and/or laboratory work.

G. Acknowledgement

Certification and Signature

Please acknowledge the statement below, then print and sign your name.

I have answered the questions on this form truthfully and to the best of my recollection, and I understand that I am now enrolled into the occupational health and safety program.

Employee (Print Name)

Signature

Date