

**Duke University Employee Occupational Health & Wellness
HEALTH REVIEW FOR ANIMAL HANDLERS**

Please print; give information current with job you are applying for.

LastName _____ FirstName _____ MI _____
 Birth Date _____ ID# _____ [] F [] M
 Address: _____ City: _____ State: _____ Zip: _____
 Cell/Home Phone: _____ Duke Job Title: _____
 Duke Dept/Work Area: _____ Duke Supervisor _____

Employees in certain job categories are required to undergo a health review at the beginning of their job and at periodic intervals. This policy includes Duke personnel who work with animals. Please complete this form and submit it on line. This information is confidential. Do not give this to your supervisor. The EOH nursing staff will review it and notify you if you need to come in for further evaluation. Please call Employee Occupational Health at 684-3136 option #2 if you have any questions.

EOHW
 Box 3148 Med Ctr
ALL INFORMATION IS STRICTLY CONFIDENTIAL

I certify that the information below is true, complete, and correct to the best of my knowledge and belief. I understand that intentional misstatements or omissions may be grounds for disciplinary action which could include termination.

Signature	Date – <i>mm/dd/yyyy</i>
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Health History

1. Do you now have or have you ever had any of the following:

- | | |
|--|---|
| Y [] N [] Diabetes? | Y [] N [] Allergies to pollen, food, animals, etc.? |
| Y [] N [] Seizure disorder? | Y [] N [] Muscle or back problems? |
| Y [] N [] Skin rashes? | Y [] N [] Repeated episodes of diarrhea? |
| Y [] N [] Glove allergies/rashes? | Y [] N [] Drug or alcohol dependency? |
| Y [] N [] Diagnosis of latex allergy? | Y [] N [] Have you ever had measles? |
| Y [] N [] Asthma | Y [] N [] Measles vaccine? |
| Y [] N [] Hernias or herniated disc | Y [] N [] TB skin test |
| Y [] N [] Problems with visual acuity/hearing ability? | Results _____ Year _____ |
| Y [] N [] Rabies vaccine series? Year _____ | |

If **yes** to any of the above questions please explain:

Y [] N [] Immune system suppression? **If yes** the cause of the suppression was/is:

2. Y [] N [] Do you have a family history of hayfever, asthma, allergic skin problems or eczema?

3. When was your last tetanus vaccination? _____ (year)

5. What animals do/will you work with at Duke? _____

6. Y [] N [] Will you be working with non human primates?

7. Y[] N[] Do you have any safety/health concerns about chemicals you are working with? **If yes**, please describe.

8. Y[] N[] Have you ever been fit tested for a respirator to wear while working with lab animals?

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

- | | | | |
|-----------------------------|-----------|---------------|------------|
| c. Surgical Mask | [] never | [] sometimes | [] always |
| d. Disposable Respirator | [] never | [] sometimes | [] always |
| e. Nondisposable Respirator | [] never | [] sometimes | [] always |
| f. Goggles | [] never | [] sometimes | [] always |
| g. Face shield | [] never | [] sometimes | [] always |

10. How frequently do you wash your hands after handling animals/animal products?

- [] never [] sometimes [] always

11. If you have completed this questionnaire before, have you developed any of the following since you last filled out this health review:

- | | |
|---------------------------|-----------|
| a. Hayfever | Y[] N[] |
| b. Asthma | Y[] N[] |
| c. Allergic skin problems | Y[] N[] |

12. Y[] N[] Have you been evaluated for animal related health problems? **If yes**, please list:

13. Y[] N[] Do you have any work restrictions? **If yes**, please explain:

14. Y[] N[] Do you have sneezing spells, runny or stuffy nose, watery or itchy eyes, coughing, wheezing, or shortness of breath after working with laboratory animals or their cages/bedding? If **no** go to question #16.

If yes, please answer the following:

a. When did the symptoms begin? _____ (month and year)

b. Y[] N[] Are the symptoms worse than one year ago?

c. Y[] N[] Are you taking medications to control symptoms? **If yes**, please list:

d. Circle all of the following that cause any of your symptoms.

- | | |
|------------|--------------|
| Guinea pig | Rabbit |
| Hamster | Goat |
| Dog | Birds |
| Cat | Sheep |
| Mouse | Bedding |
| Rat | Other: _____ |

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

- a. Skin rash or hives Not troubled [] Once/month [] Once/week [] Almost daily []

- | | | | | |
|-------------------------|------------------|----------------|---------------|------------------|
| b. Watery, itchy eyes | Not troubled [] | Once/month [] | Once/week [] | Almost daily [] |
| c. Runny or stuffy nose | Not troubled [] | Once/month [] | Once/week [] | Almost daily [] |
| d. Sneezing spells | Not troubled [] | Once/month [] | Once/week [] | Almost daily [] |
| e. Frequent cough | Not troubled [] | Once/month [] | Once/week [] | Almost daily [] |
| f. Wheezing in chest | Not troubled [] | Once/month [] | Once/week [] | Almost daily [] |
| g. Shortness of breath | Not troubled [] | Once/month [] | Once/week [] | Almost daily [] |

16. Y[] N[] Do you have any house pets?

If yes, what type(s) of animals? _____

17. Y[] N[] Have you had any on-the-job injuries or exposures you have not reported?

If yes, please describe. _____

If you work with sheep, cows, or goats please answer the following:

18. How frequently do you work with sheep, cows, or goats?

- daily
- once a week
- once a month

19. Y[] N[] Do you directly handle birth products of sheep, cows, or goats?

If yes, which animals? _____

20. Y[] N[] Do you live on a farm or work with animals at home?

If yes, which animals? _____

Reviewed by _____ Date _____

EOHS Staff Only

Survey Result/Stix Entry:	EOHS Animal Handlers Placement	C
	EOHS Animal Handler Periodic	C
	EOHS Animal Handler Question	1 No Follow-up
		2 Telephone Follow-up
		3 Clinic Visit
	EOHS Non Human Primate Handler	C
	EOHS Q Fever Risk	C
	EOHS Diphtheria/Tetanus Vaccine	C
	EOHS Measle Vaccine	C x2
	EOHS Measle Ab	1 per doc
	EOHS IPPD	1 placed
		- negative
		+ positive