

## Health Review for Animal Handlers

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Duke ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Area: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Employees in certain job categories and volunteers working at the lemur center 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 and in animal facilities. Please complete this form and submit it. Do not give this to your supervisor. The EOHW 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. Documentation of measles immunity and a current TB test are required for work with and in facilities housing non-human primates.

*The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.*

### 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

- Yes  No Is this a volunteer position?
- Yes  No Are you a Duke undergraduate student?
- Yes  No I will be working with animals, cages, or bedding. **If yes, answer Section 2, questions #1 through #19.**
- Yes  No I'll be working in facilities where animals are housed but I will not handle animals, cages, or bedding. This includes those doing walk through inspections, providing housekeeping, providing maintenance and repairs. Documentation of measles immunity and an annual TB review are required for employees working in facilities housing nonhuman primates. **If yes, answer Section 3, questions #20 through #24.**

**Section 2: Working with animals, their cages, or bedding**

1. I have previously completed this health review.  
 Yes  No
  
2. If YES to #1, have you developed any of the following conditions since your last health review?
  - Yes  No a. Hay Fever
  - Yes  No b. Asthma
  - Yes  No c. Allergic skin problems
  - Yes  No d. Immune system suppression
  - Yes  No e. Any new health issues

If yes to any of the above, please explain:

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3. If NO to #1, do you now have or have you ever had any of the following?
  - Yes  No a. Diabetes
  - Yes  No b. Seizure disorder
  - Yes  No c. Skin rashes
  - Yes  No d. Glove allergies/rashes
  - Yes  No e. Diagnosis of latex allergy
  - Yes  No f. Asthma
  - Yes  No g. Hernias or herniated disc
  - Yes  No h. Allergies to pollen, food, animals, etc.
  - Yes  No i. Muscle or bone problems
  - Yes  No j. Repeated episodes of diarrhea
  - Yes  No k. Drug or alcohol dependency
  - Yes  No l. Have you ever had measles
  - Yes  No m. Measles vaccine
  - Yes  No n. Problems with visual acuity/ hearing ability
  - Yes  No o. Rabies vaccine series: Year \_\_\_\_\_ (optional)
  - Yes  No p. Immune system suppression

If yes to any of the above, please explain:

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4. Was your last tetanus vaccine within the last 10 years? If longer than 10 years ago, a booster is highly recommended and can be obtained from EOHW, Student Health, or your personal health care provider.  
 Yes  No  Unknown
  
5. Will you have exposure to animals, cages or bedding of the following types?
  - Yes  No a. Species that include nonhuman primates
  - Yes  No b. Species that include farm animals (e.g. sheep and goats)
  - Yes  No c. All other species (e.g. rabbits, rodents, dogs, cats, fish, etc.)

6. Have you had a TB skin test since your last animal handler screening? (documentation of a recent test or questionnaire required for baseline and annually)  
 Yes  No

Does EOHW have documentation of your measles immunity? If no, documentation of immunity is required which consists of a positive blood test for measles antibody or 2 doses of measles vaccine. You must send documentation of immunity to EOHW fax 919-681-0555.

- Yes  No

*If unsure about these requirements you may call EOHW at 684-3136 option #2.*

7. Do you have any safety/health concerns about chemicals you are working with?  
 Yes  No

If yes, please explain:

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8. Have you ever been fit tested for a respirator to wear while working with lab animals?  
 Yes  No

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

	NA	Never	Sometimes	Always
a. Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Surgical Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Disposable Respirator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Non-disposable Respirator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Goggles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Face shield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How frequently do you wash your hands after handling animals/animal products?  
 Never  Sometimes  Always

11. Have you been evaluated for animal related health problems?  
 Yes  No

If yes, please list:

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12. Do you have any work restrictions?  
 Yes  No

If yes, please explain:

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13. 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?

Yes  No

If YES, please answer the following:

a. When did the symptoms begin? \_\_\_\_\_ (month & year)

b. Are the symptoms worse than one year ago?  Yes  No

c. Are you taking medications to control symptoms?  Yes  No

If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

d. Check all of the following that cause any of your symptoms:

Guinea Pig  Cat  Dog  Bedding

Hamster  Goat  Birds  Sheep

Mouse  Rabbit  Rat

Other: \_\_\_\_\_

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

	Not troubled	Monthly	Weekly	Daily
a. Skin rash or hives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Watery, itchy eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Runny or stuffy nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sneezing spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Frequent cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Wheezing in chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Do you have any house pets?

Yes  No

If yes, what type(s) of animals?

\_\_\_\_\_

16. Have you had any on-the-job injuries or exposures you have not reported?

Yes  No

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

17. How frequently do you work with sheep, cows, or goats? (DLAR employees who work with animals should check daily.)  Never  Daily  Once/Week  Once/Month

18. Do you directly handle birth products of sheep, cows, or goats? (DLAR employees who work with animals should check yes to indicate the potential to work with sheep, cows, and goats.)

Yes  No

If yes, which animals:

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19. Would you like to speak with an EOHW provider about an animal related health issue?

Yes  No

Reviewed by

Date

**Section 3: Working in animal facilities where animals are housed, but not handling animals, cages, or, bedding**

20. Do you now have or have you ever had any of the following?

- Yes  No a. Allergies to pollen, food, animals, etc.
- Yes  No b. Asthma
- Yes  No c. Immune system suppression

If yes, please explain:

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21. Do you have sneezing spells, runny or stuffy nose, watery or itchy eyes, coughing, wheezing, or shortness of breath after working in animal facilities?

Yes  No

If YES, please answer the following:

- a. When did the symptoms begin? \_\_\_\_\_ (month & year)
- b. Are the symptoms worse than one year ago?  Yes  No
- c. Are you taking medications to control symptoms?  Yes  No

If yes, please list:

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d. Check all of the following that cause any of your symptoms:

- Guinea Pig  Cat  Dog  Bedding
- Hamster  Goat  Birds  Sheep
- Mouse  Rabbit  Rat
- Other: \_\_\_\_\_

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

Not troubled  Monthly  Weekly  Daily

- |                         |                          |                          |                          |                          |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Skin rash or hives   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Watery, itchy eyes   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Runny or stuffy nose | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Sneezing spells      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Frequent cough       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Wheezing in chest    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Shortness of breath  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22. If you have completed this questionnaire before, have you developed any of the following conditions since your last health review?

- Yes  No    a. Hay Fever  
 Yes  No    b. Asthma  
 Yes  No    c. Allergic skin problems  
 Yes  No    d. Immune system suppression  
 Yes  No    e. Any new health issues

If yes to any of the above, please explain:

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23. Will you work in facilities housing non-human primates (monkeys)?

- Yes  No

a. If YES to #23, do you work in the Vivarium?  Yes  No

b. If NO to #23a, are you an animal caretaker at the Lemur Center?

- Yes  No

c. If YES to #23a OR #23b, does EOHW have documentation of your measles immunity? *If not, then documentation of immunity is required which consists of a positive blood test for measles or 2 doses of measles vaccine.*

- Yes  No

d. If YES to #23a OR #23b, does EOHW have documentation of a TB skin test? Documentation of a recent test or questionnaire is required. This can be done at the EOHW clinic in the clinic building—phone 684-3136 option #2.

- Yes  No

24. Would you like to speak with an EOHW provider about an animal related health issue?

- Yes  No

Reviewed by \_\_\_\_\_

Date \_\_\_\_\_