

HEALTH REVIEW FOR ANIMAL HANDLERS**First Name:****Last Name:****Duke Unique ID:****Date of Birth:****Email Address:****Cell Phone/Pager:****Job Title:****Supervisor Name:****Supervisor Phone:**

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 and in animal facilities. Please complete this form and submit it. Do not give this to your supervisor. The Employee Occupation Health nursing staff will notify you if you need to come in for further evaluation or provide additional information. 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 in facilities housing non-human primates including the Vivarium. These documents can be emailed to animalhandler@dm.duke.edu.

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

1. Do you have/need access to the Vivarium?
☐ Yes ☐ No

Type of Work

2. Will you or could you have direct contact with animals, cages/tanks or bedding? **If yes, answer Section 2, questions #1 through #18**
☐ Yes ☐ No
3. Could your role include entering facilities where animals are housed without handling animals, cages/tanks, or bedding? This includes those doing walk through inspections, housekeeping, maintenance and/or repairs. **If yes, answer Section 3, questions #20 through #24.**
☐ Yes ☐ No
4. Have you previously completed this health review?
☐ Yes ☐ No

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

5. **If YES #4**, have you developed any of the following conditions since your last health review:
- a. ☐ Yes ☐ No Hay fever (itchy eyes, scratchy throat, runny nose)
 - b. ☐ Yes ☐ No Asthma
 - c. ☐ Yes ☐ No Allergic skin problems
 - d. ☐ Yes ☐ No Immune system suppression
 - e. ☐ Yes ☐ No Any new health issues

If yes to any of the above, please explain:

6. **If NO to #4**, do you now have or have you ever had any of the following:
- a. ☐ Yes ☐ No Diabetes?
 - b. ☐ Yes ☐ No Seizure Disorder?
 - c. ☐ Yes ☐ No Skin Rashes?
 - d. ☐ Yes ☐ No Glove Allergies?
 - e. ☐ Yes ☐ No Asthma?
 - f. ☐ Yes ☐ No Hernias or herniated disc?
 - g. ☐ Yes ☐ No Allergies to pollen, food, animals, etc.?
 - h. ☐ Yes ☐ No Muscle or bone problems?
 - i. ☐ Yes ☐ No Drug or alcohol dependency?
 - j. ☐ Yes ☐ No Ongoing/uncorrected problems with vision or hearing ability?
 - k. ☐ Yes ☐ No Immune system suppression?

If yes to any of the above, please explain:

7. 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
8. Will you have exposure to animals, cages or bedding of the following types **(Please select at least one of the following)**:
- a. ☐ Species that include nonhuman primates (e.g. Baboons, macaques, lemurs).
(Documentation of measles immunity and an annual TB screening are required for work with and in facilities housing non-human primates)
 - b. ☐ Farm species such as sheep, goats, or cows.
 - c. ☐ All other species (e.g. rabbits, rats, mice, dogs, cats, fish, birds, etc.)
9. Do you have any safety/health concerns about chemicals you are working with?
☐ Yes ☐ No

If yes to any of the above, please explain:

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

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

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

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

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

If yes to any of the above, please explain:

14. Do you have any work restrictions?
☐ Yes ☐ No

If yes to any of the above, please explain:

15. 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 symptom 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 to any of the above, please explain:

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

☐ Guinea Pig

☐ Cat

☐ Dog

☐ Bedding

☐ Hamster

☐ Goat

☐ Birds

☐ Sheep

☐ Mouse

☐ Rabbit

☐ Rat

☐ Other: _____

16. If YES to #15, how frequently are you bothered by the following symptoms related to work with or exposure to 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"/>

17. Do you have any house pets?

☐ Yes ☐ No

If yes to any of the above, what type(s) of animals:

18. Have you had any on-the-job injuries or exposures you have not reported (e.g. animal bites, stings)?

☐ Yes ☐ No

If yes to any of the above, please explain:

If you would like to speak with an Employee Occupation Health provider about animal related health issue, call 684-3136, option 2.

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

19. Have you previously completed this health review?

☐ Yes ☐ No

20. **If NO to #19**, do you now have or have you ever had any of the following?

a. ☐ Yes ☐ No Allergies to pollen, dust, food, animals, etc.

b. ☐ Yes ☐ No Asthma

c. ☐ Yes ☐ No Immune system suppression

If yes to any of the above, please explain:

21. **If YES to #19**, have you developed any of the following conditions since your last health review?

a. ☐ Yes ☐ No Hay fever (itchy eyes, scratchy throat, runny nose)

b. ☐ Yes ☐ No Asthma

c. ☐ Yes ☐ No Allergic skin problems

d. ☐ Yes ☐ No Any new health issues

If yes to any of the above, please explain:

22. 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?

d. ☐ Yes ☐ No

If yes, please list: _____

e. Check all the following that cause any of your symptoms.

- | | | | |
|-------------------------------------|---------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Guinea Pig | <input type="checkbox"/> Cat | <input type="checkbox"/> Dog | <input type="checkbox"/> Bedding |
| <input type="checkbox"/> Hamster | <input type="checkbox"/> Goat | <input type="checkbox"/> Birds | <input type="checkbox"/> Sheep |
| <input type="checkbox"/> Mouse | <input type="checkbox"/> Rabbit | <input type="checkbox"/> Rat | <input type="checkbox"/> Other: _____ |

23. In general, how frequently are you bothered by the following symptoms related to work with or exposure to 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"/>

24. Are you an animal caretaker at the Lemur Center?

☐ Yes ☐ No

Employees working around non-human primates must have proof of measles immunity and a negative tuberculosis screening in the last 12 months. Documents can be emailed to animalhandler@dm.duke.edu. If you do not possess these documents and are a Duke employee, please visit an Employee Occupational Health clinic. Students may visit Student Health.

If you would like to speak with an Employee Occupational Health provider about an animal related health issue, call 684-3136, Option 2.

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