

University of New Mexico
Center for Occupational and Environmental Health Promotion
RESEARCH AND/OR ANIMAL CONTACT
HEALTH HISTORY QUESTIONNAIRE

This confidential medical history form must be completed on initial enrollment as a requirement for working research biological agents and/or animals, with an abbreviated annual update. The information provided in this questionnaire will be reviewed by a UNM Employee Occupational Health Service (EOHS) health care provider and maintained by the UNM EOHS clinic. Please answer all questions COMPLETELY; Your project's Principal Investigator (PI) should review with you questions 1-5 to ensure that you are aware of what you will be working with.

The individual completing this form must call and schedule a ONE-TIME appointment with EOHS for an initial health assessment. This scheduled appointment will include a review of this completed questionnaire, medical evaluation and immunization recommendations as needed. EOHS is located in the Family Practice Center, 2300 Tucker Rd NE, the phone number is 272-8043. Please call for an appointment, and bring this completed form with you to the EOHS desk.

Date: _____
 Name: _____ DOB: _____ UNM ID: _____
 Job Title: _____ Phone: _____ Email: _____
 PI(s): _____ PI Phone: _____ Dept: _____
 Position: Employee Paid Student _____ Non-Paid _____ Student _____

1. Occupational Health and Safety Program is responsible for risk evaluation and treatment of all hazardous agents that may be encountered in research and/or animals. The following questions (1-5) reviewed **by your PI and you** will assist the EOHS staff in determining individual risks and programs for monitoring of personnel health and safety. Do you work with any of the following?

- | | | | |
|--|-----|-----|----|
| A. Recombinant or Synthetic Nucleic acid molecules non-replicating | Yes | No | |
| B. Recombinant or synthetic nucleic acid molecules, replicating | Yes | No | |
| C. Viral Vectors | Yes | No | |
| D. Infectious Agents | Yes | No | |
| List specific agents and Biosafety: _____ | | | |
| E. Nanoparticles | Yes | No | |
| F. Bloodborne Pathogens (Human/Non-human Primate Materials) | | Yes | No |
| Human blood, body fluids or tissues | Yes | No | |
| Human Cell Lines | Yes | No | |
| Human Subjects/Patient Contact | Yes | No | |
| List what type: _____ | | | |

G. Respirator Needed Yes No
Type (N95, PAPR, half face, full face, SCBA) _____

H. Chemical Agents Yes No
List agents that require PPE and/or chemical fume hood use: _____

I. Radiations/ Radioisotopes Yes No
List Agents: _____

J. Laser Yes No
List what class: _____

K. Toxins Yes No
List toxin: _____

2. Which of the following Personal Protective Equipment (PPE) do you wear when working?
(check all that apply)

- Gloves _____
- Gown _____
- Mask/ Respirator _____
- Cap _____
- Goggles/ Glasses _____
- Hearing Protection _____
- Additional PPE when working with hazardous agents: _____

3. Locations of your research (complete by estimated percentage of time):
_____% Laboratory at UNM
_____% Other Laboratory, location: _____
_____% Field Work, location(s): _____

4. Do you work with any Animal (s), Animal Tissue, Animal Cells, Animal Blood? **Yes** ___ **No** ___
If **Yes**, complete **all** of the form and sign.
If **No**, **skip** to question 8 and complete questions 8-11 and sign

5. Animal contact (check all that apply):

a. Laboratory

- | | | | |
|----------------------|-------|---------|-------|
| Mouse | _____ | Rabbit | _____ |
| Rat | _____ | Duck | _____ |
| Hamster | _____ | Chicken | _____ |
| Gerbil | _____ | Frog | _____ |
| Guinea Pig | _____ | Fish | _____ |
| Primates (non human) | _____ | Other: | _____ |

b. For wild species, please list class and order. (If need more space, please attach list):

Questions 6- 11 are to be **completed** by **YOU**, without your **PI** as it contains medical history.

6. Do you have the following symptoms after working with any animals or their cages*?

| | | | | |
|-----------------------|-----|-------|----|-------|
| Sneezing spells | Yes | _____ | No | _____ |
| Runny or stuffy nose | Yes | _____ | No | _____ |
| Watery or itchy eyes | Yes | _____ | No | _____ |
| Coughing | Yes | _____ | No | _____ |
| Wheezing | Yes | _____ | No | _____ |
| Shortness of breath | Yes | _____ | No | _____ |
| Skin rash or hives | Yes | _____ | No | _____ |
| Difficulty swallowing | Yes | _____ | No | _____ |

****If you have responded yes to any of these symptoms in question 6, please complete the questions in the GRAY BOX. If you have responded NO to all symptoms in question 6, skip to QUESTION 7, after the gray box.***

COMPLETE QUESTIONS 1-4 IF YOU HAVE ANSWERED YES TO ANY PART OF QUESTION 6:

1. If yes to #6, what animal(s) cause the above symptoms? _____

2. How many hours per week do you usually have contact with that species? (Circle one choice)

0 <1 1-5 6-10 11-15 16-20 21 or more

3. Estimate how many hours per week you have contact with other research animals: Not Applicable/none ○
Animal Species (1):

| | | | | | | |
|--------------------|----|-----|------|-------|-------|------------|
| Contact hours/week | <1 | 1-5 | 6-10 | 11-15 | 16-20 | 21 or more |
|--------------------|----|-----|------|-------|-------|------------|

Animal Species (1):

| | | | | | | |
|--------------------|----|-----|------|-------|-------|------------|
| Contact hours/week | <1 | 1-5 | 6-10 | 11-15 | 16-20 | 21 or more |
|--------------------|----|-----|------|-------|-------|------------|

Animal Species (1):

| | | | | | | |
|--------------------|----|-----|------|-------|-------|------------|
| Contact hours/week | <1 | 1-5 | 6-10 | 11-15 | 16-20 | 21 or more |
|--------------------|----|-----|------|-------|-------|------------|

4. If yes to #6, how frequently do you have the following symptoms?

| Symptoms | Daily | Weekly | Monthly |
|-----------------------|-------|--------|---------|
| Sneezing spells | _____ | _____ | _____ |
| Runny or stuffy nose | _____ | _____ | _____ |
| Watery or itchy eyes | _____ | _____ | _____ |
| Coughing | _____ | _____ | _____ |
| Wheezing | _____ | _____ | _____ |
| Shortness of breath | _____ | _____ | _____ |
| Skin rash or hives | _____ | _____ | _____ |
| Difficulty swallowing | _____ | _____ | _____ |

5. If yes to #6, have these symptoms occurred when working with:

_____ Latex gloves or other latex products _____
 _____ Chemicals (Identify) _____
 _____ House Pets (Identify) _____
 _____ Other: (Identify) _____

6. If yes to #6, how many hours per week are you usually involved in the following activities?
 (Circle one choice for each listing)

| | Hours per week | | | | | | |
|---|----------------|----|-----|------|-------|-------|------------|
| | 0 | <1 | 1-5 | 6-10 | 11-15 | 16-20 | 21 or more |
| Handling dirty cages: | 0 | <1 | 1-5 | 6-10 | 11-15 | 16-20 | 21 or more |
| Receiving animals: | 0 | <1 | 1-5 | 6-10 | 11-15 | 16-20 | 21 or more |
| Gavage or other dosing | 0 | <1 | 1-5 | 6-10 | 11-15 | 16-20 | 21 or more |
| Weighing: | 0 | <1 | 1-5 | 6-10 | 11-15 | 16-20 | 21 or more |
| Sacrifice/necropsy: | 0 | <1 | 1-5 | 6-10 | 11-15 | 16-20 | 21 or more |
| Change bedding: | 0 | <1 | 1-5 | 6-10 | 11-15 | 16-20 | 21 or more |
| Other animal room | 0 | <1 | 1-5 | 6-10 | 11-15 | 16-20 | 21 or more |
| Housekeeping: | | | | | | | |
| Isolated organ or tissue | 0 | <1 | 1-5 | 6-10 | 11-15 | 16-20 | 21 or more |
| Experiments: | | | | | | | |
| Working in enclosed | 0 | <1 | 1-5 | 6-10 | 11-15 | 16-20 | 21 or more |
| Natural habitat (ie cave, etc.) | | | | | | | |
| Other activities with animals: _____ | 0 | <1 | 1-5 | 6-10 | 11-15 | 16-20 | 21 or more |

7. Additional comments, or explanation, if you wish: _____

7. Are there any research animals that you cannot work with because of allergy problems? Yes No
 If yes: a. Which animal species? _____
 b. How long have you been allergic to this (these) species? _____

8. Immunization history:

| Immunization type | Not Received (✓) | or | Date Received | or | Do Not Know |
|----------------------|------------------|----|---------------|----|---------------|
| Tetanus | _____ | | _____ | | _____ |
| Rabies | _____ | | _____ | | _____ |
| Lyme disease | _____ | | _____ | | _____ |
| Hepatitis A series | _____ | | _____ | | _____ |
| Hepatitis B series | _____ | | _____ | | _____ |
| Smallpox | _____ | | _____ | | _____ |
| Anthrax | _____ | | _____ | | _____ |
| BCG | _____ | | _____ | | _____ |
| Tuberculosis TST/PPD | _____ | | _____ | | Result: _____ |

9. Do you have or have you ever had:

Medication allergy/sensitivity Yes No
 List: _____
 Food allergy/sensitivity Yes No
 List: _____
 Asthma Yes No
 Hay fever Yes No
 Insect/ Animal/ Plant allergies Yes No
 List: _____

Tuberculosis Yes No

Skin tests for allergies Yes No

List: _____

Hepatitis disease Yes No

List A, B, C: _____

Allergy to Domestic Animals (cats/dogs etc.) Yes No

10. Are you currently taking prescription and/or over-the-counter medications?

Yes No List: _____

11. Do you have any immune compromising conditions such as, but not limited to: Pregnancy, Hepatitis C, rheumatoid Arthritis, Lupus, Multiple Sclerosis, Crohn's Disease, HIV/AIDS, Autoimmune disease, cancer, other? Yes No

If yes, please list: _____

PLEASE NOTE: IF YOUR IMMUNE SYSTEM IS COMPROMISED BY DISEASE (e.g. cancer, or AIDS), OR DRUGS (e.g. anticancer drugs, chronic oral doses of prednisone or cortisone), YOU SHOULD SEEK THE ADVICE OF YOUR PHYSICIAN BEFORE WORKING WITH ANIMALS AND/OR SPECIFIC AGENTS.

PLEASE NOTE: ANIMALS OR SPECIFIC AGENTS CAN BE A RISK DURING PREGNANCY. CONSULT AN EOHS PROVIDER OR YOUR OWN PHYSICIAN PRIOR TO WORKING WITH ANIMALS OR SPECIFIC AGENTS IF YOU ARE PREGNANT, INTEND TO BECOME PREGNANT, OR INTEND TO FATHER A CHILD.

Signature of Employee: _____ Print Name: _____ Date: _____

EOHS Clinic Provider notes:

- Cleared for animal handling
- Cleared for research work
- Cleared for animal handling/research work with the following restrictions:

Not cleared for animal handling/research work at this time

Comments: _____

Signature of Provider: _____ Date: _____