Norton Occupational Medicine
Confidential Animal Handlers' Medical Surveillance Questionnaire

Complete Each Box
Date questionnaire completed:
Name:
Address:
Date of Birth:
Email:
Gender: ☐ Male ☐ Female
Network ID:
Supervisor/Instructor
Department address:
Department Phone:
Home or Cell Phone:
Type of Lab Animal Contact for Research (check all that apply)
Rodents: ☐
(Mice, Rats, Hamsters, Guinea Pigs, Chinchillas)
Rabbits: ☐
Cats: ☐
Birds: ☐
Reptiles: ☐
Amphibians: ☐
Fish: ☐
Other ☐ (Specify)
Medication /Latex Allergies?

A. History of Laboratory Animal Contact

1. In the first column below, enter the letter that corresponds to how frequently you are *currently* exposed to laboratory animals.

2. In the second column, enter the total length of time you have worked with each type of animal throughout your entire career.

Laboratory Animal Type	**Frequency of *current* exposure** a = never b = less than once a week c = 1 – 2 times a week d = 3 – 4 times a week e = daily	**Total time worked with animals in your entire career**.
Mice		years months
Rats		years months
Hamsters		years months
Guinea Pigs		years months
Chinchillas		years months
Cats		years months
Rabbits		years months
Birds		years months
Reptiles		years months
Amphibians		years months
Fish		years months
Other (specify)		years months
Other (specify)		years months

B. Do you have any of the following symptoms that you feel are caused by, or made worse, because of any previous work with laboratory animals?

(Place check mark in box)	Yes	No
3. Watery, burning or itchy eyes	☐	☐
4. Runny nose	☐	☐
5. Sneezing	☐	☐
6. Wheezing	☐	☐
7. Cough	☐	☐
8. Shortness of breath	☐	☐
9. Chest tightness	☐	☐
10. Hives	☐	☐
11. Rash	☐	☐

C. Have you ever been told by a physician that you have:

(Place check mark in box)	Yes	No
12. Asthma	☐	☐
13. Allergic rhinitis (runny nose due to allergy)	☐	☐
14. Allergic conjunctivitis (itchy, watery eye from allergy)	☐	☐

Do you have a history of?

(Place check mark in box)	Yes	No
15. Hay fever	☐	☐
16. A natural parent or sibling with allergies to animals or their substances	☐	☐

Initial

(Place check mark in box)	Yes	No
17. Have you ever had a positive allergy skin test performed by a physician?	☐	☐

18. If yes, how many positive skin tests to **non-animal** antigens (such as grasses, pollen, house dust) have you had?

Check the appropriate number**: 0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5 or more** ☐

19. If yes, how many positive tests to **animal** antigens (such as dog, cat, and mice) have you had?

Check the appropriate number: **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5 or more** ☐

(Place check mark in box)	Yes	No
20. Do you smoke cigarettes (one or more per week)?	☐	☐

(Place check mark in box)	Yes	No
21. Will you need /wear a respirator as part of your study or work (Something other than a Surgical Mask (i.e.N-95)?	☐	☐

22. How many times have you been bitten by a laboratory animal?

Check the appropriate number: 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more ☐

(Place check mark in box)	Yes	No
23. Have you ever injured yourself or become ill while working with or around laboratory animals or animal care facilities	☐	☐

If yes, place a check mark next to all injuries that apply:	
24. Animal bite	☐
25. Animal scratch	☐
26. Muscle sprain or strain	☐
27. Needle stick or scalpel injury	☐
28. Laceration or cut on animal cage or equipment	☐
29. Infection acquired from animal	☐
30. Allergy to animal	☐

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(Place check mark in box)	Yes	No
31. Do you have a history of heart valve disease or disorder (heart murmur), or congenital heart disease?	☐	☐

If Yes,

What type of disease? _____

Date of diagnosis? _____

Treatment? _____

(Place check mark in box)	Yes	No
32. Do you have any impairment of your immune system?	☐	☐

If Yes,

What type of impairment? _____

Date of diagnosis? _____

Treatment? _____

(Place check mark in box)	Yes	No
33. Are you taking any immunosuppressive drugs, such as cortisone, prednisone, other steroids, or undergoing chemotherapy?	☐	☐

If yes,

What medication? _____

34. Date of last Tetanus immunization: _____

**If your last Tetanus vaccination was ten or more years ago you will be required to get an updated vaccination before being cleared as an animal handler.*

35. If my health status changes I will report this to my supervisor for review.

36. Norton Occupational Medicine may provide information to my employer/school about my ability to work, however the details of my medical history will be maintained at Norton Occupational Medicine.

Student/Employee signature/Date:_____

Initial