



Department of Public Safety - DPS
Environmental Health and Safety

Health and Safety Questionnaire
for Working with Animals
CONFIDENTIAL MEDICAL INFORMATION

Date: 11/15/2016

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EMUDPS-EHS-f013

Revision: 2

If you have contact with animals either as part of your job responsibilities or as a student working with animals in your academic program, federal regulations require you to complete this questionnaire. Handling of laboratory and/or field animals does present the potential for injury or infection. Eastern Michigan University is committed to providing a safe and healthy environment for animal handlers. Based on your level of exposure to animals, you may be entitled to a physical examination. You have the opportunity to receive a tetanus vaccination and/or other vaccinations as required. These will be provided by the University at no cost to you. Answers to the following questions are a part of your confidential medical records and will not be disclosed to any party without your expressed consent.

Last Name _____ First Name _____ MI _____

Local Address _____ City _____ State _____

Cell Number _____ Work Number _____ Date of Birth _____

E-number _____ E-mail _____

Department _____ Supervisor/PI _____

____ Faculty ____ Staff ____ Student ____ Other ____ New* ____ Annual

*CITI training certificate must be submitted with questionnaire.

ANIMAL CONTACT

Do you have contact with animals outside of work/class? ____ No ____ Yes. If yes, please

list the species _____

What species of animals (this also includes tissues, wastes and animal facilities) are you/will you be exposed to at EMU?

____ Bats ____ Frogs ____ Rats ____ Field Research (species: _____)

____ Birds ____ Mice ____ Scorpions ____ Wild Mammals (species: _____)

____ Fish ____ Rabbits ____ Spiders ____ Other (Please List _____)

What type of animal contact do/will you have at EMU?

- Direct contact with animals.
- Direct contact with non-fixed animal tissues.
- Direct contact with animal facilities (e.g. cages).
- Support services to animal care facility or equipment and/or exposure to hazardous chemicals.

When did/will your contact with laboratory animals begin? _____

MEDICAL HISTORY

Do you have any of the following medical conditions?

- | | | |
|---|---|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Loss of Consciousness |
| <input type="checkbox"/> Recurrent Bronchitis | <input type="checkbox"/> Gastrointestinal Disorder | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Chronic Lung Condition | <input type="checkbox"/> Heart Murmur/Valve Disease | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Chronic Back or Joint Pain | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Other, please list |

Do you have an immune compromising medical condition or are you taking medications that impair your immune system (steroids, immunosuppressive drugs, chemotherapy)?

Yes No If yes, please explain: _____

Are you currently taking any other medications? Yes No If yes, please list:

IMMUNIZATION HISTORY

Vaccination	Yes	Date	No
BCG			
Hepatitis A (Series of 2)			
Hepatitis B (Series of 3)			
Rabies (Series of 3)			
Tetanus (TDAP)			

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ALLERGIES and/or ASTHMA

Are you allergic to any animal(s)? Yes No If yes, please list:

Do you have any other known allergies? Yes No If yes, please list:

List the symptoms that occur when you are suffering from your allergies:

List treatment(s) you receive to relieve your allergies:

Are you or have you been treated for asthma? Yes No If yes, please list the following:

1. The cause(s) of your asthma:

2. The number of asthma attacks per month:

3. The medications you are taking for your asthma:

Do you have any skin problems related to work (e.g. reactions to chemicals, dry cracked skin, rashes)? Yes No If yes, please describe the skin problem(s):

Do you have any of the following symptoms that you feel **are caused by or made worse** by your work with animals?

- | | | |
|--|--|--|
| <input type="checkbox"/> Chest tightness | <input type="checkbox"/> Rash | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Runny nose | <input type="checkbox"/> Watery, burning or itchy eyes |
| <input type="checkbox"/> Hives | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Wheezing |

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OTHER

- 1. Are you exposed to any infectious agents or Recombinant DNA? ___ Yes ___ No
- 2. Are you exposed to loud noises? ___ Yes ___ No
- 3. Do you use tobacco products? ___ Yes ___ No
- 4. Are you pregnant, suspect you are pregnant or contemplating pregnancy? ___ Yes ___ No
- 5. Do you have work related questions concerning pregnancy that you would like to discuss with a physician? ___ Yes ___ No
- 6. Do you have other concerns regarding laboratory animals and health that you would like to discuss with a physician? ___ Yes ___ No

Employee/Student Signature

Date

Please see Privacy Protection Policy on the next page.

Please submit this questionnaire in a sealed envelope marked CONFIDENTIAL ANIMAL USE QUESTIONNAIRE to Environmental Health and Safety, 875 Ann Street, Suite 103. Campus mail can be used.

HISTORY

Revision	Change(s)
1	8/2016 Update to 1996 version of questionnaire. Revised to new format.
2	11/2016 Title change, additional of CITI certificate needed with new submission, and deletion of duration of animal contact.

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PRIVACY PROTECTION POLICY

I hereby authorize the use and/or disclosure of my individually identifiable health information as described below. I understand that the purpose of this screening is to disclose to Eastern Michigan University health information related to animal handling.

If an employee should refuse to sign this authorization, the screening requested will not be conducted and certain tasks cannot be performed because they require a medical examination. If this task is an essential job duty, lack of performance may result in termination of my employment.

If a student should refuse to sign this authorization, the screening requested will not be conducted and the student will not be able to participate in certain class/research activities.

1. Personal health information to be disclosed to other health providers: All medical information obtained as a result of this zoonosis screening identified above.
2. Health Providers (or class of persons) or organizations authorized to provide the information: University Health Services, Washtenaw Urgent Care, St. Joseph’s Mercy Hospital, and _____ (write in name of health care provider if not listed above or N/A if not applicable).
3. Purpose of the requested disclosure: To determine if the employee or student has a health condition which may interfere with his/her job performance and/or classroom/research participation and to comply with all applicable regulations.
4. Person(s) or organization authorized to receive summarized information: My supervisor or instructor, the EMU Institutional Animal Care and Use Committee (IACUC) and its members, the EMU IACUC Institutional Official and Environmental Health and Safety.
5. I understand that I have the right to revoke this authorization at any time. My revocation must be in writing in a letter provided to Environmental Health and Safety, 875 Ann Street, Suite 103. I am aware that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this authorization.
6. I understand, I will get a copy of this form after I sign it.

Employee/Student Signature

Date