Initial form

FOUNDED 1782
300 WASHINGTON AVENUE CHESTERTOWN, MARYLAND 21620-1197

OCCUPATIONAL HEALTH PROGRAM
LABORATORY ANIMAL ALLERGY INITIAL QUESTIONNAIRE

Confidential
Return Form Via Campus Mail to Lisa Marx, CRNP, Health Services

Name: WAC ID #

☐ Student ☐ Faculty ☐ Staff

A. Animal Contact:

1. Indicate the types of animal contact you will have (please check all that are applicable):

☐ Direct contact and handling of animals

☐ Direct contact and handling of non-fixed or non-sterilized animal tissues, animal fluids, or animal wastes

☐ Direct contact with non-sanitized animal caging or enclosures

☐ Services, repair, or maintenance related support of animal equipment, devices, and/or facilities

2. Do you have contact with animals outside of Washington College? ☐ Yes ☐ No

If yes, please list the species:

3. Do you have any of the following symptoms that you feel may be caused, made worse or are the result of working with laboratory animals?

☐ Watery, burning, or itchy eyes ☐ Cough ☐ Shortness of breath
☐ Chest tightness ☐ Wheezing ☐ Sneezing
☐ Hives ☐ Rash ☐ Runny nose

4. Have you ever changed jobs/work habits because of symptoms from handling animals?

☐ Yes ☐ No

B. Allergy History:

1. Indicate any allergic conditions you may have to the following:

☐ Animals ☐ Mold ☐ Grasses ☐ Weeds

☐ Latex ☐ Trees ☐ Medications

Chemicals (please list):

Other (please list):

C. Medical History (check if yes):	**Yourself**	**Immediate Family**
Respiratory allergies including hay fever	☐	☐
Asthma	☐	☐
Skin allergies	☐	☐
Food allergies	☐	☐
Chronic sinus disease	☐	☐
Animal allergies	☐	☐
Smoker or tobacco user	☐	☐
Immune system compromise	☐	

Comments – please list any concerns or other health-related information the Health Services staff should know:

I have answered this form truthfully and to the best of my recollection. I give approval for my Medical Clearance to Handle Animals to be released to the Coordinator of Living Resources.

______________________________________ ____________

Signature **Date**

I may be contacted by:

☐ **Email address:**

☐ **Phone number:**

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Medical Clearance to Handle Animals

The health of has been assessed with the following results:

☐ No medical restrictions for animal exposure.

☐ Additional assessment/tests recommended:

____

____

☐ Medical restrictions or Personal Protective Equipment (PPE) required for animal exposure recommended as follows:

____

____

☐ No animal exposure under any circumstances. Comments:

____

____

The individual listed above has been informed of any detected occupational and/or non-occupation medical condition(s), which warrant(s) further medical examination or treatment.

______________________________	______________________________	__________
Licensed Health Professional's Name (print)	**Signature**	**Date**

Please return this page to Gail Russell, Coordinator of Living Resources, N110 Dunning Decker.