



Name:	Phone Number:	Date:
Social Security Number:	Bear Number:	
Job Description/Title:	Department:	
<input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Graduate Student <input type="checkbox"/> Work Study <input type="checkbox"/> Student <input type="checkbox"/> Visitor/Contractor <input type="checkbox"/> Other non-UNC		
Email Address:		
PI/Supervisor Name:	PI/Supervisor Phone Number:	

Animal contact is defined as contact with animals, their unfixed tissues, fluids, wastes, equipment used in caring for animals or frequent entry into an animal facility (i.e. caging, anesthesia, biosafety, cage washing)

I will be working with animals, cages, or bedding. <input type="checkbox"/> Yes <input type="checkbox"/> No
I will be working in facilities where animals are housed but I will not handle animals, cages, or bedding. This includes those doing walk through inspections, those providing housekeeping, and those providing maintenance and repairs. <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Have you previously completed this health review:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Do you now or have you ever had any of the following:</p> <p><input type="checkbox"/> Diabetes <input type="checkbox"/> Measles <input type="checkbox"/> Seizure Disorder</p> <p><input type="checkbox"/> Skin Rashes <input type="checkbox"/> Measles vaccine <input type="checkbox"/> Glove Allergies/ Rash</p> <p><input type="checkbox"/> Allergies (pollen, food, animals, etc) <input type="checkbox"/> Muscle or Bone issues</p> <p><input type="checkbox"/> Latex allergy diagnosis <input type="checkbox"/> Hernia/herniated disc</p> <p><input type="checkbox"/> Asthma <input type="checkbox"/> Repeated Diarrhea <input type="checkbox"/> Hearing problems</p> <p><input type="checkbox"/> Drug/alcohol dependence <input type="checkbox"/> Rabies vaccine</p> <p><input type="checkbox"/> Immune system suppression</p> <p>Explain: _____</p>	<p>Have you developed any of the following conditions since your last health review:</p> <p>Hay Fever Asthma Allergic Skin Problems</p> <p>Immune System suppression <input type="checkbox"/> Other _____</p> <p>Describe: _____</p> <p>_____</p> <p>_____</p>
<p>I work in a setting where animals are used. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The animals which may be in my work area are: _____</p>	<p>How many hours per week do you typically have contact with these animals? _____</p>

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:

When did the symptoms begin?

Are the symptoms worse than one year ago? Yes No

Are you taking medications to control symptoms? If yes, please list:

What causes your symptoms? Please list:

In general, how frequently are you bothered by the following symptoms related to work/exposure to animals or their cages or bedding?

Skin rash or hives	<input type="checkbox"/> Not troubled	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Watery, itchy eyes	<input type="checkbox"/> Not troubled	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Runny or stuffy nose	<input type="checkbox"/> Not troubled	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Sneezing spells	<input type="checkbox"/> Not troubled	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Frequent cough	<input type="checkbox"/> Not troubled	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Wheezing in chest	<input type="checkbox"/> Not troubled	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Shortness of breath	<input type="checkbox"/> Not troubled	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily

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

Gloves	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always
Gown	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always
Surgical Mask	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always
Respirator	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always
Goggles/glasses	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always
Face shield	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always

Does wearing PPE eliminate your allergy symptoms?

How frequently do you wash your hands after handling animals/animal products?

Never