## MARSHALL UNIVERSITY ANIMAL HANDLER'S HEALTH QUESTIONNAIRE

| Date:                  | 901#         |                | 4 digit pin                 |            |
|------------------------|--------------|----------------|-----------------------------|------------|
| Name:                  |              |                |                             |            |
| Supervisor:            |              |                |                             |            |
| Department:            |              |                |                             |            |
| Age:                   | Sex: 1       | Male           | Female                      |            |
| OCCUPATIONAL HIS       | TORY A       | Answer thes    | se questions about your pre | esent job: |
| 1. Job title:          |              |                |                             |            |
| 2. Number of years en  | mployed a    | at this facili | ty: yea                     | ars        |
| 3. How many months     | s/years at y | your presen    | t position:                 |            |
| 4. Description of duti | es (briefly  | /):            |                             |            |
| 5. With which labora   | tory anima   | als do you v   | vork?                       |            |
|                        | Yes          |                | Approximate contact ho      | ours/week  |
| Rat                    |              |                |                             |            |
| Mice                   |              |                |                             |            |
| Gerbils                |              |                |                             |            |
| Other                  |              |                |                             |            |
|                        | 1            | 1              |                             |            |

6. Do you feel you are allergic to any animals? Yes No Please list those to which you feel you are allergic.

7. Did you work with laboratory animals prior to employment at this facility? Yes No If yes, how long?\_\_\_\_\_ years What species of animals? \_\_\_\_\_

### 8. Do you use or wear any of the following items when working with animals?

|                        | Yes | No |
|------------------------|-----|----|
| Protective eye glasses |     |    |
| Mask/respirator        |     |    |
| Lab coat               |     |    |
| Gloves                 |     |    |

## HOME ENVIRONMENT INFORMATION

| 9. Do you have any indoor pets? Yes No |           |  | If yes, which animals and for how long? |              |  |
|--|-----------|--|---|--------------|--|
| Animal                                 | 1-2 years |  | 3-4 years                               | over 4 years |  |
| Dogs                                   |           |  |   |              |  |
| Cats                                   |           |  |   |              |  |
| Other (List)                           |           |  |   |              |  |
|  |           |  |   |              |  |

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Do you regularly have any of the following symptoms? Yes 10. No Please indicate if the symptom is present and the year of onset. Also check in what location or time "period" the symptom(s) is/are present.

| Symptom              | Present | Year of onset | Symptoms are present |         |                |                  |
|----------------------|---------|---------------|----------------------|---------|----------------|------------------|
|                      |         |               | At work              | At home | On<br>vacation | No<br>difference |
| Cough                |         |               |                      |         |                |                  |
| Sputum production    |         |               |                      |         |                |                  |
| Shortness of breath  |         |               |                      |         |                |                  |
| Wheezing             |         |               |                      |         |                |                  |
| Chest tightness      |         |               |                      |         |                |                  |
| Asthma               |         |               |                      |         |                |                  |
| Nose congestion      |         |               |                      |         |                |                  |
| Runny nose           |         |               |                      |         |                |                  |
| Sneezing             |         |               |                      |         |                |                  |
| Itchy eyes           |         |               |                      |         |                |                  |
| Sinus problems       |         |               |                      |         |                |                  |
| Hay fever            |         |               |                      |         |                |                  |
| Frequent colds       |         |               |                      |         |                |                  |
| Hives                |         |               |                      |         |                |                  |
| Skin rash            |         |               |                      |         |                |                  |
| Swelling -eyes/lips  |         |               |                      |         |                |                  |
| Eczema               |         |               |                      |         |                |                  |
| Difficult Swallowing |         |               |                      |         |                |                  |

# Immunization History:

| Vaccine     | Yes/No | Date | Vaccine            | Yes/No | Date |  |
|-------------|--------|------|--------------------|--------|------|--|
| Hepatitis B |        |      | Tetanus-Diphtheria |        |      |  |
| Hepatitis A |        |      | Rabies             |        |      |  |
| Comments:   |        |      |                    |        |      |  |
|             |        |      |                    |        |      |  |

11. Were you ever told by a doctor that you had allergies? Yes No

Have you ever been skin tested for allergies? Yes No If so, to what substances were 12. you found to be allergic or sensitized?

13. Have you ever received allergy (desensitization/immunotherapy) shots? Yes No

14. Has a doctor ever said you have asthma? Yes No

If yes, when did your asthma start? \_\_\_\_\_(year)

Are you currently taking medication (either over the counter or by prescription) to control your asthma? Yes No

Has a doctor ever told you that you have a medical condition caused by your working 15. conditions? No Yes

Do any of your blood relatives (grandparents, parents, brothers/sisters) have allergies or 16. asthma? Yes No

17. Are you under a doctor's care for any other illnesses? Yes No If yes, please list illnesses (optional - however, if you are immunosuppressed due to treatment or illness, please let Occupational Health and your supervisor know so that proper protective equipment can be provided in accordance with your physician's recommendations).

Do you regularly use "over the counter" (non-prescription) nose drops or nose sprays, e.g. 18. Afrin, Neosynephrine? Yes No

Comments:

Further evaluation needed by physician: NO -YES -

Additional Personal Protective Equipment (PPE's) needed (beyond lab coats and gloves): NO -YES -Recommended additional PPE's:

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

# I certify that the information I supplied is correct or waive participation below.

## EMPLOYEE SIGNATURE and DATE

Waiver - Important: Non-participation in an Occupational Health Program can result in adverse health effects.

At this time, I decline to participate in the Occupational Health Questionnaire for persons having contact with animals.

Signature I wish to have my personal physician administer my Occupational Health Program.

Signature

Date

#### Laboratory Animal Allergies

#### Why it's important:

When working with animals it is important to be aware of the risk of developing allergies to the animals you work with or even to your own pets. If you become allergic to the animals you work with, your job can become quite uncomfortable and even unhealthy. If you have asthma, working with animals to which you are allergic can be a significant health risk.

#### Symptoms:

Allergy symptoms can range from minor to severe. People who are having an allergic reaction can get a runny nose, runny or itchy eyes, asthma (characterized by wheezing and shortness of breath), a skin rash or bumps, or even gastrointestinal (GI) disorders. It is important that you notify Employee Health if you have any of these symptoms that last more than a few days or if your symptoms are severe.

### How it happens:

People who work with or even near animals can be allergic to any animal species. The allergens are proteins that are found in animal body fluids and skin. These substances can stick to animal hair and dust particles and can float around in the air. Allergens are unique in each animal species. That's why a person can be allergic to mice but not rats or cats but not dogs. It's also possible to be allergic to more than one species. In fact, if you are allergic to something (an animal species or anything else) you're more likely to become allergic to something new than a person who isn't allergic to anything.

Because people can become allergic to any animal species, you may become allergic to the species you work with or any other species that is housed in the ARF or is taken to a lab nearby yours.

#### Relative Risk:

The incidence of animal allergies among people who work with animals may be as low as 10% or as high as 30%. This means that most people who work with animals are not allergic to them. But, this also means that if you work with animals your risk of allergy to them is as much as three times higher than people who don't work with animals.

Prevention:

The most important part of preventing animal related allergies is to minimize exposure to animals as much as possible. The following practices may help you to reduce your exposure to animals:

- Work with your animals in a ventilated hood or Biosafety cabinet when possible.
- When not working in a hood, make sure that the room where you're working with animals is well ventilated. Contact the Engineering Department if you have any questions about the air handling in your lab.
- Don't wear your street clothes when working with animals. Always wear a lab coat or scrubs, or even a disposable gown or jumpsuit.
- Don't take your lab coat or scrubs home for washing. See your supervisor about where to launder lab coats and scrubs.
- Always wear gloves when handling small animals.
- Wash your hands frequently and always after handling animals.
- Avoid touching your face when working with animals.
- Keep your work area clean.
- Be considerate of others keep animal cages properly covered when moving them through common hallways. Do not touch common items (such as door handles) with animal-use gloves or unwashed hands.

# Treatment:

If you think you're allergic to animals you work with or around, contact Occupational Health at 691-1178. Your symptoms may be controlled by medication or increased measures to reduce exposure. Also speak with your own physician about your allergy symptoms. Some people have such severe symptoms they cannot continue to work with or near animals.

If you require personal protective equipment to protect yourself from animal allergens, notify your supervisor and have him/her contact the safety office.