

## OCCUPATIONAL HEALTH ASSESSMENT FOR ANIMAL CONTACT

### INSTRUCTIONS:

1. Complete the questionnaire below.
2. Save completed form to your computer.
3. Email the completed form to your Employee/Student Health Office: EShealth@upstate.edu

Today's Date: \_\_\_\_\_ SUNY ID# (REQUIRED): \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

1. Does or will your employment, academic or volunteer duties involve direct or indirect contact with animals or animal products (fresh or fixed tissues, body fluids, or animal bedding or waste)?

Yes       No      If **yes**, please complete the remainder of the questionnaire.

2. Which species will you have direct contact with? (Check all that apply)

<input type="checkbox"/> Amphibians	<input type="checkbox"/> Guinea Pigs	<input type="checkbox"/> Rabbits
<input type="checkbox"/> Cats	<input type="checkbox"/> Mice	<input type="checkbox"/> Rats
<input type="checkbox"/> Dogs	<input type="checkbox"/> Non-Human Primates	<input type="checkbox"/> Other:
<input type="checkbox"/> Fish	<input type="checkbox"/> Pigs	

3. Have you ever experienced an allergic reaction to animals or animal products? If **yes**, please list and explain:

4. Have you ever consulted a physician about an allergic reaction to animals or animal products? If **yes**, provide the approximate date and describe the outcome of the consultation.

5. Have you ever been tested for allergies? If **yes**, please detail the results of this testing.

6. Do you have annual health assessments at Employee/Student Health?       Yes       No