



Animal Contact Questionnaire, *initial*

UNM Employee Occupational Health Services
 2400 Tucker NE, Family Practice Center
 p: 505-272-8043 / f: 505-272-8044
 HSC-EOHSForms@salud.unm.edu

This questionnaire must be completed in order to work with various hazards or animal species in a research setting at the University of New Mexico. Our goal is to establish a baseline for your general health and to identify health conditions that may place you at additional risk. All medical information provided here remains confidential, meaning that we will only communicate to Human Resources or supervisors any need for restrictions or accommodation.

Applicant Name: _____ DOB: _____ M F X
 Email: _____ Phone: _____
 Employee Student (paid) Student (non-paid) _____

Job Title: _____ Anticipated start date: _____
 Department: _____
 Primary Investigator: _____
 Email: _____ Phone: _____

Part I: This section should be completed by the Supervisor or Primary Investigator:

Please indicate the level of exposure to each of the following animal species:

<i>Level I:</i>	<i>No direct contact but may enter a facility where animals are housed</i>								
<i>Level II:</i>	<i>Does not conduct procedures on live animals but handles "unfixed" animal tissues and fluids.</i>								
<i>Level III:</i>	<i>Minor exposures (handles, restrains, collects specimens or administer substances to live animals).</i>								
<i>Level IV:</i>	<i>Major exposures (performs invasive procedures such as surgery, necropsy).</i>								
	I	II	III	IV		I	II	III	IV
Mouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gerbil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-human primate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rabbit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Field animal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guinea pig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No animal contact

Please indicate other specific hazards you may encounter in your work:

Recombinant or Synthetic nucleic acid molecule
 Nanoparticles
 Toxins
 Infectious agents
 Radiation/Radioactive isotopes
 Hazardous chemicals
 Human cell lines
 Lasers
 Other

No other hazardous exposures

Please provide details about specific agents for any positive answers above:

Please indicate what Personal Protective Equipment (PPE) will be necessary to perform this work:

<input type="checkbox"/> Gloves	<input type="checkbox"/> Mask	<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> Gown	<input type="checkbox"/> Respirator	<input type="checkbox"/> Other:
<input type="checkbox"/> Cap	<input type="checkbox"/> Goggles/Glasses	

No PPE

Location of research: Laboratory at UNM: _____ %
 Laboratory outside UNM: _____ % Location: _____
 Field work: _____ % Location: _____

Supervisor/Primary Investigator attestation:

This information is true to the best of my knowledge; I understand that any substantial change in exposures should prompt submission of the periodic surveillance form to EOHS (available through the Office of Animal Care and Compliance).

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

>>> Upon completion, forward this form to the employee applicant for completion <<<

Part II: This section should be completed by the Applicant/Employee:

Do you have, or have you ever had:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Thyroid disease
<input type="checkbox"/> Eczema	<input type="checkbox"/> Gastrointestinal disease	<input type="checkbox"/> Any immunosuppressive condition (eg Cancer/malignancy, Rheumatoid arthritis, Lupus, Multiple sclerosis, Crohn's disease, HIV/AIDS)
<input type="checkbox"/> Emphysema	<input type="checkbox"/> Liver disease/jaundice	
<input type="checkbox"/> Chronic bronchitis	<input type="checkbox"/> Kidney disease	
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Anemia or blood disorder	
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Diabetes	

None of the above

Please provide details for any positive answers above (eg date of diagnosis, treatments):

Have you ever been immunized for any of the following:

<input type="checkbox"/> Tetanus	➤ date:	<input type="checkbox"/> Smallpox	➤ date:
<input type="checkbox"/> Rabies	➤ date:	<input type="checkbox"/> Anthrax	➤ date:
<input type="checkbox"/> Lyme disease	➤ date:	<input type="checkbox"/> Hepatitis B	➤ date:



Do you have or have you ever had an allergic reaction to:

Form with checkboxes for Medications, Chemicals, Plants, Foods, Latex, Other, Insects, House pets, and No allergies.

For any positive answers above, indicate the allergen, and your reaction to it:

Empty text box for providing allergen and reaction details.

Have you ever worked with animals in a laboratory setting?

Yes/No checkboxes.

If so, have you ever experienced any of the following symptoms?

Form with checkboxes for Sneezing, Coughing, Skin rash, Runny/stuffy nose, Wheezing, Hives, Watery/itchy eyes, Shortness of breath, and Other.

For any positive answers above, indicate when the symptoms began, the species, and your reaction to it:

Empty text box for providing symptom timing, species, and reaction details.

I would like to speak to a EOHS medical provider about concerns not covered in this questionnaire: yes no

Please note:

- List of notes regarding immune system compromise and pregnancy risks.

Employee/applicant attestation:

This information is true and complete to the best of my knowledge and I am aware that deliberate misrepresentation may jeopardize my health. I understand that this information is confidential and will not be released without my knowledge and written permission.

Applicant/Employee Name: _____

Applicant/Employee Signature: _____ Date: _____