



Animal Contact Questionnaire, annual

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 continue work with various hazards or animal species in a research setting at the University of New Mexico. Our goal is to identify any changes in your general health and to determine whether any new symptoms may be the result of your workplace exposures. 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: _____

Job Title: _____ Department: _____
Primary Investigator: _____
Email: _____ Phone: _____

Part I: This part should be completed by the Employee:

Since my last surveillance, there has been a change in:

- Research protocol
- Pathogen exposure
- Chemical exposure
- Animal exposure (species)
- Human blood/body fluid exposure
- Other: _____
- No changes

I am no longer exposed to: _____ I am now exposed to: _____

In the past year, have you experienced any of the following symptoms?

- Sneezing
- Runny/stuffy nose
- Shortness of breath
- Wheezing
- Coughing
- Skin rash/hives
- Watery/itchy eyes
- Difficulty swallowing
- Other: _____
- No symptoms

If yes, what animals or other exposures seem to provoke these symptoms?

In the past year, have you experienced any of the following?

- Changes in personal health
- Workplace injury/illness

My last tetanus immunization was: _____

Please provide details for any positive answers above:

I work under the following restrictions related to animal contact:

None

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

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.

I also understand that immune system compromise, pregnancy, or intended pregnancy should be discussed with my personal physician prior to working with animals or specific agents.

Applicant/Employee Name: _____

Applicant/Employee Signature: _____ Date: _____