

# Wellesley College

## Animal Handler Medical Questionnaire

This form covers individuals who have direct or indirect exposure to animals (including animal tissue) *or* who spend time in the animal care facility. Completion of this questionnaire is required annually for students and biennially for researchers listed in animal protocols, animal care staff, IACUC members, and staff who may access the animal care facility or labs where animals are used. Contract workers must also comply with all elements of this program.

**Instructions for Faculty & Staff:** Please complete entire form. Employees should send completed questionnaires to Tracie Ercoloni, Occupational Nurse with [OEHN](#) (the Occupational & Environmental Health Network) at [te101@wellesley.edu](mailto:te101@wellesley.edu). Students should send them to Health Services. All forms will be kept confidential. Forms will be reviewed by medical professionals with OEHN, 5 Mount Royal Road, Marlboro, MA. You will be notified when cleared by OEHN, or if they have any questions.

**Students** should send their forms directly to Health Services on campus. Health Services will contact students directly for clearance determinations.

Please indicate your role:

- Student – Indicate Instructor and Course \_\_\_\_\_
- Faculty  Research Technician /Associate
- Animal Facility Tech  IACUC Member
- Volunteer  Science Center Staff
- Maintenance  Other \_\_\_\_\_

Signature _____	Date _____
Print name _____	Day Phone # _____
Dept./Division _____	Lab # _____
Job Title _____	
Email _____	Supervisor _____
Date of Birth _____	

**Do you wear a respirator?**  Yes  No **Date of last tetanus vaccination** \_\_\_\_\_

**Exposure to Animals** - Please identify all animal species your position comes into contact with on campus:

No contact with animals, OR

Animal	How Often?	Animal	How Often?
<input type="checkbox"/> Mice		<input type="checkbox"/> Rats	
<input type="checkbox"/> Sea Urchins		<input type="checkbox"/> Fish Type _____	
<input type="checkbox"/> Shellfish Type _____		<input type="checkbox"/> Amphibians Type _____	
<input type="checkbox"/> Birds Type _____		<input type="checkbox"/> Insects Type _____	

Identify all animal species your position comes into contact with off- campus (e.g. another research facility):

\_\_\_\_\_ How often? \_\_\_\_\_

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**Any exposure to infectious agents (e.g. bloodborne pathogens) while working with identified animals?** If yes, please identify:

**Are you using any hazardous materials in association with the animal/tissue?** If yes, please identify:

**Do you have any of the symptoms below?** (Please check all that apply)

	<b>Working w/ Animals</b>	<b>Other Times</b>		<b>Working w/ Animals</b>	<b>Other Times</b>
Watery, burning, or itchy eyes	<input type="checkbox"/>	<input type="checkbox"/>	Wheezing	<input type="checkbox"/>	<input type="checkbox"/>
Nasal dripping	<input type="checkbox"/>	<input type="checkbox"/>	Cough	<input type="checkbox"/>	<input type="checkbox"/>
Sneezing	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Rash/Eczema	<input type="checkbox"/>	<input type="checkbox"/>	Chest tightness	<input type="checkbox"/>	<input type="checkbox"/>
Hives	<input type="checkbox"/>	<input type="checkbox"/>			

**Have you ever been diagnosed with or experienced the following?** (Please check all that apply)

	<b>Yes</b>	<b>No</b>	
Positive allergy skin test	<input type="checkbox"/>	<input type="checkbox"/>	List _____
Bites by laboratory animals	<input type="checkbox"/>	<input type="checkbox"/>	# of times _____
Scratches by laboratory animals	<input type="checkbox"/>	<input type="checkbox"/>	# of times _____
Animal allergy of any kind	<input type="checkbox"/>	<input type="checkbox"/>	Specify _____
Asthma – Physician Diagnosed	<input type="checkbox"/>	<input type="checkbox"/>	
Allergic rhinitis	<input type="checkbox"/>	<input type="checkbox"/>	
Allergic Conjunctivitis	<input type="checkbox"/>	<input type="checkbox"/>	
Seasonal allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Latex allergies	<input type="checkbox"/>	<input type="checkbox"/>	

**History**

Have you worked with animals in the past?	<input type="checkbox"/>	<input type="checkbox"/>	Details: _____
Have you ever required medications to treat allergies, prescribed or over-the-counter?	<input type="checkbox"/>	<input type="checkbox"/>	Details: _____
Have you ever seen a medical provider for allergies?	<input type="checkbox"/>	<input type="checkbox"/>	Details: _____

Do you have any other medical concerns that might interfere with your ability to do your job that you would like to discuss with an occupational health physician?  Yes  No

Are you pregnant or plan to become pregnant:  Yes  No  Do not choose to answer

Have you been trained according to Wellesley College Policy on handling animals?  Yes  No  Don't know

**Please review form to ensure it is complete. Forms will be returned if information is missing. Thank you.**