

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. Contact Suzanne Howard in EHS at x3882 or showard@wellesley.edu for any questions. Once complete, seal in secure envelope, write your name on the front of the envelope & “Animal Handler Questionnaire”. Send via interoffice mail to EHS Office, TSB. 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)

	Working w/ Animals	Other Times		Working w/ Animals	Other Times
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)

	Yes	No	
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? Yes No Details: _____
- Have you ever required medications to treat allergies, prescribed or over-the-counter? Yes No Details: _____
- Have you ever seen a medical provider for allergies? Yes No 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.