

Research Animal Health Screening Form

Name: _____ Employee ID: _____

Location: _____ Supervisor: _____

Email: _____ Current date: _____

Asthma/Allergy History

History of asthma: Yes No Date of Asthma onset: ____/____/____ List any medications prescribed/taking for asthma: _____

History of allergies, including animals: Yes No

Have you had allergy testing: Yes No

Allergen:	Describe Allergic Reaction	Describe impact on work

Do you experience any of the following symptoms which occur when you have animal exposure? Circle:

Eye tearing/itching Sneezing Runny nose Cough Wheezing

Chest tightness or shortness of breath Hives Skin conditions

Risk Assessment (What animals will you be working with)

Species	Yes/ No	Species	Yes/ No
Rodents(mice & or rats)		Pigs	
Hamsters		Goats	
Rabbits		Sheep	
Cats		Fish	
Dogs		Salamanders or frogs	
Non-human primates		Other	

***** Will you be working with Human blood or tissue? Yes No**

OHS Recommendations:

- Restrictions: _____
- Referral: _____
- Other: _____

 OHS NP/RN Signature

 Date