University of Puerto Rico
Medical Sciences Campus
Deanship of Administration
Environmental Quality, Occupational Safety and Health Office
Occupational Health Clinic
ANIMAL EXPOSURE SURVEILANCE PROGRAM

MEDICAL HEALTH SCREENING QUESTIONNAIRE

All fields required. *Please print.*

Name (Last, First, MI)	**E-mail**	**Birth Date** (mm,dd,yy)	**Sex (M/F)**
Job Title	**PI/Supervisor's Name**	**Student** ☐ **Yes** ☐ **No** **Academic Program:**	
Department	**PI/Supervisor's Phone**	**Visitor** ☐ **Yes** ☐ **No**	
Work Phone	**PI/Supervisor's E-mail**	**Minor** ☐ **Yes** ☐ **No**	
Today's Date (mm,dd,yy)		**Volunteer** ☐ **Yes** ☐ **No**	

This questionnaire is designed to collect information to assist with assessing possible health impacts of working with animals. This questionnaire is an important part of the Medical Sciences Campus (MSC) ability to monitor health status associated with work activities and to comply with requirements of regulatory, accreditation and funding agencies.

Information in this form is reviewed by a health care professional and kept in your confidential medical record at the Medical Sciences Campus Occupational Health Clinic (MSC OHC) or the Students Medical Services (SMS). It is important that all questions be answered completely. If you have experienced changes to your medical status, you should submit a new questionnaire. Otherwise, the questionnaire shall be re-submitted as often as indicated by medical reviewer.

INSTRUCTIONS: Your PI/supervisor must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To ensure correct information, ***please have your PI/supervisor help with Part A***. To maintain your confidentiality, ***your PI/supervisor must not look at or review your answers to Part B***.

MSC Employees must Mail or Bring the completed questionnaire to the Occupational Health Clinic at the address above, or email it to Juanita Rivera, the Occupational Health Nurse, to juanita.rivera1@upr.edu.

Students must mail or bring the completed questionnaire to the Students Medical Services located in the 3rd Floor of the School of Medicine Main Building.

PART A

1. Animal Use/Contact (check all that applies)

☐ I have no contact with animals through my employment or studies at the MSC.
☐ I have contact with animals through a university offered course or courses.
List course number(s):_____
☐ I have no direct contact with animals, but I currently work or may work in areas where animals are used or housed. (This includes administrative, facility, maintenance, and safety personnel who provide service support to animal care facilities, including equipment and devices housed there)
☐ I have contact with animals in teaching or research through an approved IACUC protocol.
List protocol if known: _____
☐ I am involved in animal care or provide veterinary care to research or teaching animals.
☐ I am a member of MSC IACUC (includes lay members).
☐ Other: _____

2. Contact with Animals (Please mark Yes or No for each animal species)

Animal Species	Yes	No	Type of Contact	Actual Contact Hours/Week
Rats				
Mouse				
Rabbits				
Pigs				
Non Human Primates[1]				
• Macaques[1]				
• Other primate species				
Dog				
Cats				
Birds				
Fish /Amphibians/Reptiles				
Invertebrates (Specify Species)				

[1]TB and measles screening will be required.

The types of contact are defined as follows:

1. No direct contact
2. Animal husbandry or animal care
3. No contact with live animals; contact with "unfixed" tissues and/or body fluids
4. Handle, restrain, and/or give drugs to animals, etc. in teaching or research
5. Collect animal tissues or body fluid specimens, perform surgery or other invasive procedures, or provide veterinary care.

3. Hazards Associated With Animal Contact – Agents

Complete the following section for each chemical, biological and physical agent you are exposed to in conjunction with animal studies. You must place a response in each row.

Agent (s) Type	Exposure			Specify Agent (s)
	Yes	No	Don't know	
Infectious agent				
Recombinant DNA				
Genetically altered Material				
Radioactive material				
Toxic chemicals				
Carcinogen or mutagen				
Anesthetic gases				
Loud noise				
High Heat				
Repetitive body movements				
Lifting of heavy items				
Lasers, radiation				
Other occupational hazards: Ex. cagewasher, guillotines, walk in refrigerators or freezers, dirty tank water (aquatic vertebrates)				

4. Hazards Associated With Animal Contact - Personal Protection Equipment
Do you wear or need to wear any of the following personal protective equipment?

Personal Protective Equipment	Yes	No	Don't know	Period of approval and date of medical clearance (if applies)
Disposable gloves				
Laundered (Non-Disposable) gown, scrub suite or lab coat				
Disposable gown, scrub suite or lab coat				
Tyvek sleeves				
Head cover				
Mask				
Face shield				
Safety glasses				
Safety goggles				
Disposable coveralls				
Laundered (Non-Disposable) coveralls				
Work footwear				
Boots				
Shoe covers				
Hearing protection				
Respirator (Ex. N-95, N-100)				
Other protective equipment used:				

5. Immunizations and or Test Requirements
Does your work with animals require a specific immunizations or screening testing? Please specify.

_____ _____
Participant Signature Date

_____ _____
PI/Supervisor(s) Signature Date

Part B

Please Note: Sections 6 through 10 are confidential and are to be completed by the Employee. If you would like to talk with a physician concerning any of these questions, you may contact Occupational Health Clinic, at extensions 2910 or 2913.

6. Immunization and Infectious Disease History

You must supply most recent year for immunization and titers if applicable. Have you ever had or do you now have any of the following immunizations or diseases? **If answer is yes you must supply a date. If answer is no, check 'no' on column.**

	I have immunization for			**I have had the following disease**		
	Yes	**Last Year Immunized**	**No**	**Yes**	**Year Infected**	**No**
Tetanus/Diphtheria						
Rabies (Series of 3)						
Rabies Titer						
Vaccinia (cow pox)						
Hepatitis A						
Hepatitis B (Series of 3)						
Rubeolla						
Measles Titer						

i. Tuberculosis Surveillance

Tuberculin skin test Yes □ No □ Most recent year: _____ Results: Positive □ Negative □

a. If TB test was positive, did you receive medical treatment? Yes □ No □
b. Have you had active tuberculosis? Yes □ No □
If yes, list year and description of treatment: _____
c. Have you ever lived in countries other than the United States? Yes □ No □
If yes, list countries: _____
d. Have you received the tuberculosis vaccine Bacillus Calmette Guerin (BCG) vaccination? Yes □ No □
e. If you have received BCG, have you had a tuberculin skin test since the vaccination? Yes □ No □
If yes, year of skin test: _____
f. Date of last chest x-ray: _____
g. Reason x-ray was taken: _____

ii. Have you ever received a rabies vaccination after a rabies exposure or suspected rabies exposure? Yes □ No □

iii.. Have you ever been diagnosed with an infectious, viral, bacterial or parasitic illness that had been confirmed to have come from an animal and was associated with your research/studies/work at MSC or elsewhere? Yes □ No □
If yes, please explain: _____

iv. Have you ever suspected that you have acquired an illness from an animal, animal materials/tissue at MSC or elsewhere, but were unable to confirm this? Yes □ No □
If yes, please explain: _____

7. Medical History
What are your ongoing medical problems? Use an additional sheet of paper if necessary.

□ Pneumonia	□ Recurrent Bronchitis	□ Tuberculosis
□ Heart Disease	□ Rheumatic Fever	□ Heart Murmur/ Valve Disease
□ Diabetes	□ Kidney Disease	□ Liver Disease
□ Cancer	□ Gastrointestinal Disorder	□ Loss of Consciousness
□ Seizures	□ Arthritis	□ Chronic Back or Joint Pain
□ Cystic Fibrosis	□ Emphysema/Chronic Lung Condition	

□ _____None of the above

Have you been told by a physician that you have an immune compromising medical condition or are you taking medications that impair your immune system (steroids, immunosuppressive drugs, or chemotherapy)? Yes □ No □
If yes, please explain: _____

Are you currently taking any other medications Yes □ No □
If yes, please list below:_____

8. Allergies/Asthma

a. Are you allergic to any animal(s)? Yes □ No □
If yes, list the animals that caused your allergy symptoms:_____
b. Do you have any known allergies to any medications? Yes □ No □
If yes, please describe: _____
c. Do you have any other known allergies? Yes □ No □
If yes, please describe: _____
d. List symptoms that occur when you are suffering from your allergies:_____
_____
e. List treatment that you receive to relieve your allergies: _____
_____
f. Have you been treated for asthma? Yes □ No □
If yes, please list:
1) the cause(s) of your asthma: _____
2) the number of asthma attacks per month: _____
3) the medications you take for your asthma;_____
g. Do you have skin problems related to work (e.g. reactions to latex gloves, dry cracked skin, rashes)? Yes □ No □
If yes, describe: _____
h. Do you experience shortness of breath at work? Yes □ No □
i. Is there a family history of hay fever, asthma, allergic skin problems or eczema? Yes □ No □
If yes, please explain_____
j. Outside of work, do you have any exposure to animals? Yes □ No □
If yes, please explain_____
k. Please use this space to explain or make comments:

9. Pregnancy

a. Are you pregnant, suspect you are pregnant or contemplating pregnancy? Yes □ No □
b. Do you have work related questions concerning pregnancy that you would like to discuss with an Occupational Medicine Physician? Yes □ No □

10. Additional Questions and Concerns
Do you wish to talk to a medical provider concerning laboratory animal hazards or regarding this questionnaire? Yes □ No □

_____ _____
Participant Signature **Date**