

NCSU Vertebrate Animal Contact Questionnaire
NCSU Student Health Services
Occupational Health Surveillance Program
Campus Box 7304, Raleigh NC 27695
919-513-0277, FAX: 919-515-6303

Part A

Name (Last, First, M.I.)		PeopleSoft ID No. (See HR Rep. For No.)	Date of Birth
Home Address (Street)		City (Home)	State (Home)
Home Phone		Today's Date	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Job Title:	Wk. Phone:	E-mail:	
PI/Supervisor		Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Enrolled
Department		College	

Please Note: Part A (sections I through IV) should be completed by employee and supervisor. Part B (sections V through IX) are confidential and are to be completed by employee. Student Health Services (SHS) is responsible for receiving and reviewing questionnaires and updating the employee immunization records (Part B). The questionnaire may also be sent to Duke Occupational Medicine should special circumstances dictate. **Only Student Health Services and Duke Occupational Medicine will have access to the information in this questionnaire.** Send completed questionnaire in a sealed envelope to:

Occupational Medicine Coordinator, Student Health Services, Box 7304, Raleigh, NC 27695-7304.

This form must be re-submitted if there is a change in health status, exposure or job changes, as described on the Animal Contact website. Please () this box if re-submitting form:

I. Animal Use/Exposure

Check boxes if statement is applicable to your status (*check all that apply*):

- I am not handling animals but will be working in areas where animals are housed.
- I am no longer active on an approved animal use protocol.
(If checked, stop here and return this page)
- I am on an approved animal use protocol, but will not be handling animals.
(If checked, stop here and return this page)
- I will be working in animal biohazard areas.
- I am involved with veterinary care or animal husbandry.
- I am working with human specimens (cells, body fluids, etc., in conjunction with animal studies).
- I handle animals as part of a research/teaching assignment.
- I work with animal carcasses, tissues, or specimens (not formalin-fixed or sterilized)
- None of the above.

Please explain: _____

II. Animals/Tissues/Body Fluids Used (Living or deceased that are not formalin-fixed or sterilized). (Check all that apply). Indicate Estimated Contact Hours per Week:

	<u>Hours per Week</u>
<input type="checkbox"/> Domesticated (lab) small mammals: ___mice ___rats ___rabbits ___guinea pig ___other; specify: _____	_____
<input type="checkbox"/> Domesticated dogs _____ cats _____	_____
<input type="checkbox"/> Domesticated livestock _____	_____
<input type="checkbox"/> Rabies-vaccinated NCSU research livestock only _____ ___Other; specify: _____	_____
<input type="checkbox"/> Non-human primates	_____
<input type="checkbox"/> <u>Wild</u> rodents, and small mammals	_____
<input type="checkbox"/> Big game wildlife (deer, elk, mountain lions, bears, wolves) Specify: _____	_____
<input type="checkbox"/> Non-mammalian vertebrate animals (reptiles, amphibians, birds, fish) Specify: _____	_____

III. Chemical, Biological and Physical Health Hazards

Provide the following for each agent you are exposed to in conjunction with animal studies:

If yes, please specify

1. Chemical carcinogens: Yes No _____
2. Infectious Agents/Recombinant DNA : Yes No _____
3. Anti-neoplastic drugs: Yes No _____
4. Reproductive Hazards/Teratogens: Yes No _____
5. Radiation exposure: Yes No _____
6. Loud noises: Yes No
 e.g. dog and pig housing areas _____
7. Other: Yes No _____

IV. Personal Protective Equipment

1. When working with animals or animals or animal materials/tissues do you wear the following ?

(Check all that apply)

___ Gloves	___ Goggles/glasses
___ Gown	___ Face shield
___ Fit-tested elastomeric respirator specify type: _____	___ Hearing Protection
___ Rated dust mask (e.g. N-95 type) specify type: _____	

2. If you are wearing a fit-tested electrometric respirator (half or full face mask) have you received training and fit testing?
 _____ If yes, date _____

3. If you are required to wear hearing protection (i.e. enrolled in a Hearing Conversation Program) has your hearing been checked?
 _____ If yes, date _____

 Supervisor(s) Signature

 Date

Vertebrate Animal Contact Medical Questionnaire

Part B

Please Note: Sections V through IX 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 Student Health Services, at 919-513-0277.

V. Immunization and Infectious Disease History

You must supply most recent year for immunization and titers. You must supply proof of previous rabies series and/or titers. 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' column. Incomplete forms will be returned.**

	Immunization			Disease		
	Yes	Year* (Required)	No	Yes	Year	No
Tetanus						
Rabies (series of 3)						
Rabies Titer						
Hepatitis A (Series of 2)						
Hepatitis B (series of 3)						

1. 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: _____

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

3. 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 NCSU or elsewhere? Yes No
 If yes, please explain: _____

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

VI. Medical History

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Recurrent Bronchitis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Heart Murmur/ Valve Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Liver Disease |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Gastrointestinal Disorder | <input type="checkbox"/> Loss of Consciousness |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Chronic Back or Joint Pain |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> 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: _____

For Women: Because some animal-borne infections can affect fetal outcome, are you pregnant, or planning to become pregnant in the next two years?

- Yes
- No
- I choose not to answer
- I wish to discuss this with an occupational medicine physician

VII. Allergies/Asthma

1. Are you allergic to any animal(s)?..... Yes No
If yes, list the animals that caused your allergy symptoms: _____
2. Do you have any other known allergies?..... Yes No
If yes, please describe: _____
3. List symptoms that occur when you are suffering from your allergies: _____
4. List treatment that you receive to relieve your allergies: _____
5. Have you been treated for asthma?..... Yes No
If yes, please list:
 - a. the cause(s) of your asthma: _____
 - b. the number of asthma attacks per month: _____
 - c. the medications you take for your asthma; _____
6. Do you have skin problems related to work (e.g. reactions to latex gloves, dry cracked skin, rashes)?
Yes No If yes, describe: _____
7. Do you experience shortness of breath at work? Yes No
8. Is there a family history of hay fever, asthma, allergic skin problems or eczema?..... Yes No
If yes, please explain _____

9. Outside of work, do you have any exposure to animals?..... Yes No
If yes, please explain _____

Please use this space to explain or make comments:

VIII. For Individuals Working with Sheep

1. Do you have a history of valvular disease (heart murmurs) or congenital heart disease? Yes No
If yes, date of diagnosis: _____
Type of disease: _____
Treatment: _____
2. Do you now have or have you ever had Q-fever? Yes No

Do you wish to talk to a medical provider concerning laboratory/client animal hazards Or regarding this questionnaire? Yes No

Employee Signature

Date

Reviewer _____	
_____ Signature	_____ Date
Revised March 2008	

Vertebrate Animal Contact Medical Questionnaire

Privacy Protection Policy

I hereby authorize the use and/or disclosure of my individually identifiable health information as described below. I understand that the purpose of my visit is for the purpose of creating protected health information for disclosure to my employer, North Carolina State University. Should I refuse to sign this authorization, the examination requested will not be conducted, and certain tasks cannot be performed because they require a medical examination. If this task is an essential job duty, lack of performance may result in termination of my employment. I further understand that if the person(s) or organization authorized to receive the information is not a health plan or health care provider, the released information could be re-disclosed and would no longer be protected by federal privacy regulations.

1. Personal health information to be disclosed to other health providers: All medical information obtained as a result of the examination identified above.
2. Health Providers (or class of persons) or organization authorized to provide the information: Student Health Services, Duke Occupational Medicine, and _____ (write in name of health care provider if not listed above or N/A for not applicable).
3. Purpose of the requested disclosure: Summarized information to be disclosed by the health provider to those listed in item #4 below is to determine if the employee has a health condition which may interfere with his/her job performance and to comply with OSHA regulations.
4. Person(s) or organization authorized to receive summarized information: My supervisor, safety manager and the industrial hygiene section or Environmental Health and Safety occupational medicine program will receive only summarized information as described in item 3 above.
5. I understand that I have a right to revoke this authorization at any time. My revocation must be in writing in a letter provided to the Student Health Services. I am aware that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this authorization.
6. I understand that I will get a copy of this form after I sign it.
7. I have been provided with a copy of NC State University's Notice of Privacy Practice prior to signing this authorization. A copy of the Privacy Practice is located also on the EHSC's Medical Surveillance web page at: <http://www.fis.ncsu.edu/health/docs/privacy.pdf>.
8. This authorization expires in one year.

Signature of Employee

Date