

Part I—Sections A-C are to be completed by Supervisor/Principal Investigator (PI); **section D** by employee.

Supervisor/PI only needs to complete this form one time for each individual under their supervision unless one or more of the following has changed: the duration of animal contact, the type of activity, and/or the type of animal. A faculty PI should complete this form for him/herself.

Part II—Sections A-D are confidential and are to be completed by employee. **All information must be completed and returned to OSU, Occupational Medicine, 201 Plageman Building or Fax to 541-737-7236**

Information in Parts I and II is forwarded to different groups, so participant information is needed twice.

Part I: Animal Contact Review Questionnaire

Section A: Participant Information	
Participant Name:	Date:
OSU ID#:	Job Title:
Participant e-mail address:	
Dept & work address:	
Project name:	
PI name and phone#:	
PI email address:	
Supervisor name (if different) and phone #:	
Supervisor email address:	

Section B: Must be completed by supervisor of participant

1. Species Contact. Directions: Identify the level of exposure for each species for the participant named above and checkmark the appropriate column.

Species	Level of Exposure				Species	Level of Exposure			
	I	II	III	IV		I	II	III	IV
Amphibian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marine Mammal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birds/Poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cattle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camelid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rabbit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reptile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gerbil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sheep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guinea Pig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Level I No direct contact, but enters animal facility.
Level II Does not conduct procedures on live animals but handles "unfixed" animal tissues and fluids.
Level III Minor exposures (handles, restrains, collection of specimens or administer substances to live animals).
Level IV Major exposures (performs invasive procedures such as surgery, necropsy).

2. Education: List a basic outline of material covered in training and briefly describe training provided (e.g., discussion, presentation, reading). Training topic should include personal hygiene, zoonotic agents, animal-related illness/injury procedures, and procedures for handling animals. Also list specific zoonotic agents discussed:

Animal-related illness/injury discussed: No Yes
 Personal hygiene discussed: No Yes
 Allergies and Diseases Communicable from Animals in Health Guide discussed: No Yes
 Species specific guides discussed: No Yes

List each species specific guide given to participant named on page 1:

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3. For live animals indicated under section B.1, identify any animals that are involved with or receive any of the following:

- A) Recombinant DNA No Yes
- B) Infectious Agents No Yes → specific agent: _____
- C) Bloodborne Pathogens No Yes
- D) Human Cell Lines No Yes
- E) Extremely Hazardous Agents No Yes → specific agent: _____
- F) Radiation/Radioisotopes No Yes → specific agent: _____
- G) Lasers No Yes → specific agent: _____
- H) Toxins No Yes → specific agent: _____

Specific training for all items identified in this section has been completed. No Yes

SECTION C: Supervisor Certification

By signature, I certify that the information provided is accurate, that I have provided the participant named in Section A with the OSU policy on Animal Exposure Occupational Health and Safety Program, and that I have provided necessary training on the items detailed in that policy and as specified on this form. I have provided the appropriate personal protective equipment to the participant at no charge. The participant has read the relevant species-specific guides.

Printed Supervisor Name: _____

Signature: _____

Date: _____

SECTION D: Participant Certification

By signature, I certify that I have received the training documented on this form, and have reviewed a copy of the species-specific guides itemized in Section B.2. I have received the appropriate personal protective equipment, and have reviewed the OSU policy on Animal Exposure Occupational Health and Safety Program.

Printed Participant Name: _____

Signature: _____

Date: _____

SUPERVISOR/PI STOP HERE; EMPLOYEE FILLS OUT PART II

Part II: Initial Health Surveillance Questionnaire

Information in this part is confidential and should be completed by employee only.

If you are a Non OSU employee, a volunteer or have a Courtesy appointment please complete the NON OSU employee form. [NON OSU EMPLOYEES Animal Exposure Feb 2011.docx](#)

You are being asked to complete this questionnaire to help us evaluate risks to your health from exposure to animals while at work. After reviewing your responses to this questionnaire, OSU Occupational Medicine staff may contact you to discuss further medical evaluation and/or diagnostic procedures. If your health information changes, please contact Occupational Medicine staff at 541-737-7566 or occ.health@oregonstate.edu.

If you decide to **decline** participation in this part of the program, please contact the Occupational Medicine staff at 541-737-7566 or occ.health@oregonstate.edu.

Section A: Participant Information			
Participant name:			
Work address:			Date:
OSU ID#:	DOB:		M <input type="checkbox"/> F <input type="checkbox"/>
Work phone:		E-mail address:	
Participant status (Check all that apply)	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff	<input type="checkbox"/> Veterinarian <input type="checkbox"/> Student worker	<input type="checkbox"/> Student <input type="checkbox"/> Other:

Section B: Medical History

Immunizations/Titers

Have you ever had any of the following immunizations?

Tetanus:	yes <input type="checkbox"/> no <input type="checkbox"/> Don't know <input type="checkbox"/>	Date of most recent booster (required) _____
Hepatitis B (series of 3)	yes <input type="checkbox"/> no <input type="checkbox"/> Don't know <input type="checkbox"/>	#1 _____ #2 _____ #3 _____
Rabies (series of 3)	yes <input type="checkbox"/> no <input type="checkbox"/> Don't know <input type="checkbox"/>	#1 _____ #2 _____ #3 _____
Rabies Titer	yes <input type="checkbox"/> no <input type="checkbox"/> Don't know <input type="checkbox"/>	Date (most recent) _____

Personal Health History	Yes	No
1. Have you ever contracted an illness from animals, or experienced an animal related injury?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:		
Are your illness/injury symptoms well managed in work environment?	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain:		
2. 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)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain		
3. Are you currently taking any medications?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please list:		
4. For women: Because some animal-borne infections can affect fetal outcome, are you pregnant, or planning to become pregnant in the next year? I choose not to answer <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. For individuals working with sheep:		
a. Do you have a history of known valvular disease (heart murmurs) or congenital heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, date of diagnosis:		
Type of disease:		
Treatment:		
b. Do you now have or have you ever had Q-fever?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, date of diagnosis:		

Environmental Allergies/Asthma	Yes	No
1. Are you allergic to any animal(s)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , list animals:		
List symptoms that occur when you are suffering from your allergies:		
Severity of Symptoms <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
List treatment that you receive to relieve your allergies:		
2. Do you have any other known allergies? (e.g., Latex, animal feed, or substances/chemicals used)	<input type="checkbox"/>	<input type="checkbox"/>
If yes , list:		
List symptoms that occur when you are suffering from your allergies:		
Severity of Symptoms: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> N/A		
List treatment that you receive to relieve your allergies:		
3. Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , list cause(s) of asthma (if you do not know, write unknown):		
List symptoms that occur when you are suffering from asthma:		
Severity of Symptoms <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
List treatment that you receive to relieve symptoms:		
4. Do you have allergy symptoms or asthma specifically related to animals that you currently work with?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , list symptoms:		
Severity of Symptoms: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> N/A		
List treatment that you receive to relieve symptoms:		
5. Do you have any skin problems related to work?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , describe:		
6. Do you wear a respirator/mask to perform any activities at work?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what kind?		
Were you fit tested by EH&S staff?		
Additional personal health concerns		
Do you have any health or workplace concerns not covered by the questionnaire that you feel may affect your occupational health and would like to confidentially discuss with the Occupational Health Staff or your personal care physician?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , explain:		

Section C: Signature of participant in program (Complete section A, B, C)

The above information is true and complete to the best of my knowledge and I am aware that deliberate misrepresentation may jeopardize my health. I understand that this information is confidential and will not be released without my knowledge and written permission.

Signature of Participant

Date