



Return completed form by uploading to:
 Immunization Record section on the Student Health Services Patient Portal
<https://myhealth.oregonstate.edu>

You are being asked to complete this questionnaire to help evaluate risks to your health from exposure to animals while attending OSU. After review by SHS Professional Programs Nurse, you may be contacted to further discuss your responses.

Name: _____ OSU ID#: _____

PERSONAL HEALTH HISTORY	Yes	No
1. Have you ever contracted an illness from animals or experienced an animal related injury?	—	—
If yes , 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)	—	—
If yes , explain:		
3. Are you currently taking any medications?	—	—
If yes , please list:		
4. For females: Because some animal-borne diseases may affect fetal outcome, are you pregnant or planning to become pregnant in the next year? I choose not to answer —	—	—
5. Since you may be working with sheep during veterinary school:		
a. Do you have a history of known valvular heart disease, congenital heart disease, or a murmur?	—	—
If yes , indicate the type of disease and date of diagnosis:		
Treatment:		
b. Do you currently have or have you ever had Q-fever?	—	—
If yes , date of diagnosis:		

ENVIRONMENTAL ALLERGIES/ASTHMA	Yes	No
1. Do you have any known allergies to any animal(s)?	=	=
If yes , list animal(s):		
List symptom(s) that occur when you are suffering from your allergies:		
Severity of Symptoms: = Mild = Moderate = Severe		
List treatment that you receive to relieve your allergies:		
How concerned are you about these allergies interfering with your studies? = Not at all = Mildly = Moderately = Very much so = I'd rather not answer		
2. Do you have any other known allergies? (e.g., latex, animal feed, substances or chemicals used)	=	=
If yes , please list:		
List symptoms that occur when you are suffering from your allergies:		
Severity of Symptoms: = Mild = Moderate = Severe = N/A		
List treatment that you receive to relieve your allergies:		
3. Do you have asthma?	=	=
If yes , list the cause(s) of asthma (if you do not know, write unknown):		
List symptoms that occur when you are suffering from asthma:		
Severity of Symptoms: = Mild = Moderate = Severe		
List treatment that you receive to relieve symptoms:		

= I will attend Student Health Services Rabies Clinic during Fall Term.

The above information is true and complete to the best of my knowledge. 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. If your health information changes or you have any questions throughout the course of your studies, please contact the Student Health Services Advice Nurse at 541-737-2724.

Signature of Participant

Date