

**University of New Mexico
Center for Occupational and Environmental Health Promotion
ANNUAL ANIMAL CONTACT HEALTH HISTORY QUESTIONNAIRE FOR LABORATORY
AND FIELD RESEARCHERS**

This confidential medical history form must be completed annually as a requirement for working with research animals and animal tissues. Please answer all questions completely; contact your project's Principal Investigator (PI) if unsure of answers. Provide the completed form to the UNM Employee Occupational Health Services (EOHS) clinic via email to HSC-EOHSForms@salud.unm.edu. This email address is a secure site to provide for HIPPA Privacy requirements. The information will be reviewed and you may be asked to be interviewed by the health care provider prior to your clearance being granted. EOHS is located in the Family Practice Center, 2400 Tucker Rd NE, Room 232 and the phone number is 272-8043.

Date: _____ Name: _____ DOB: _____ UNM Email: _____
 PI: _____ Dept: _____ Work Phone: _____
 Check one: Employee _____ Paid Student _____ Non-paid Student _____

1. I completed the initial pre-placement Animal Contact Questionnaire and it was reviewed by EOHS:
 Yes No Year: _____. If No, you must complete the initial questionnaire, not this form.

2. Are you working for the same protocol procedures that you were when you last completed this surveillance:
 ___Yes ___No If no, please speak with an EOHS representative.

3. Animal contact (check all that apply):
 - a. Laboratory

Mouse _____	Rabbit _____
Rat _____	Duck _____
Hamster _____	Chicken _____
Gerbil _____	Frog _____
Guinea Pig _____	Fish _____
Primates (non human) _____	Other: _____

 - b. For wild species, please list class and order. (if too numerous, please attach list):

 - c. Do you have other contact such as tissue or blood only? Yes No If yes, please describe:

 - d. Do you have the following symptoms after working with any animals or their cages or enclosed habitats?

Sneezing spells	<input type="checkbox"/> Yes <input type="checkbox"/> No	Runny/stuffy nose	<input type="checkbox"/> Yes <input type="checkbox"/> No
Watery or itchy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Coughing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wheezing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin rash/hives	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty swallowing	<input type="checkbox"/> Yes <input type="checkbox"/> No

(If you have responded yes to any of these symptoms please complete the next 2 questions):

 1. What animals cause the above symptoms: _____
 2. Are the symptoms changed from the last time you completed this form:
 Increased Decreased Unchanged

4. Are there any animals that you cannot come in close contact with at work or at home because of allergy problems? Yes No

If yes: a. Which animal species? _____
b. How long have you been allergic to this (these) species? _____

5. Do you have problems with latex gloves/other rubber products? Yes No

If yes: identify the product and describe response: _____

6. When was your last tetanus "shot"? Year: _____

7. Has there been any significant changes to your health since you last completed this surveillance?

Yes No

If yes, identify problem/diagnosis: _____

8. Since you last completed this surveillance, have you had any of the following while working in a UNM laboratory facility and/or fieldwork? YES NO. If yes, check all that apply:

___ Animal bites; # of times: _____ Animal scratches: # of times: _____
___ Needlestick or scalpel injury; # of times: _____ Cut from animal cage; # of times: _____
___ Animal body fluid exposure to mouth, eyes, or non-intact skin; # of times: _____
___ Other incident that you would like us to know about: _____

9. Do you wish to talk to a health provider (HCP) at EOHS? Yes No

Signature: _____ Date: _____

UNM COEHP (EOHS) HCP Notes:

___ Cleared for animal contact without restrictions.

___ Cleared for animal contact with the following restrictions: _____

___ Medical clearance for animal contact denied pending further evaluation: _____

HCP Notes: _____

HCP Signature: _____ Date: _____