Stanford | Environmental Health & Safety
Occupational Health Services

LAOHP: ANIMAL USE AND ALLERGY QUESTIONNAIRE

Name (Last, First, MI)	Employee ID#	Date of Birth
Job Title	Work Phone	E - mail
Department	PI/Supervisor's Name	PI/Phone Number

This form will be reviewed by a health care professional and kept in your confidential medical record at SUOHC. To maintain your confidentiality, ***your PI/supervisor must not look at or review your answers to Part B***. **You may mail or bring the completed form to SUOHC at the address below, or FAX it to 650-725-9218.**

PART A: OCCUPATIONAL EXPOSURE *(Your PI/Supervisor may help you complete this page)*

☐ My work will **NOT** include exposure to animals, unfixed tissues, cells, or body fluids.

☐ My work includes the following: *(check all that apply)*

- ☐ **Direct contact** with animals used in research or teaching
- ☐ Work in the **same room** as animals but **without direct animal handling or contact**
- ☐ Work with ***unfixed tissues, cells, or body fluids*** in research or teaching
- ☐ ***Providing routine care for animals*** used in research or teaching
- ☐ Ongoing ***field study*** *with* _____ *(species) in* _____ *(location, Country)*

Please mark Yes/No for each animal species:

ANIMAL SPECIES	Yes	No
Non-human Primates (NHP)	☐	☐
Squirrel Monkeys	☐	☐
Macaques	☐	☐
Work only with NHP tissue[1]	☐	☐
Sheep (***Female/Neonatal***)	☐	☐
Pigs	☐	☐
Goats	☐	☐
Bats	☐	☐

ANIMAL SPECIES	Yes	No
Dogs	☐	☐
Rabbits	☐	☐
Birds	☐	☐
Rodents (***Domestic/Captive***)	☐	☐
Sheep (***Male***)	☐	☐
Marine Mammals	☐	☐
Fish, Amphibians, or Reptiles	☐	☐
Other:	☐	☐

[1]*No live NHP contact, only unfixed tissues, cells, body fluids*

My work also includes potential exposures to (check all that apply):

- ☐ **Bloodborne pathogens:** Human tissues, cells, blood or other potentially infectious material
- ☐ **Infectious agents**: APB Protocol number(s): _____
- ☐ **Loud noise:** _____ hours per day, _____ days per week
- ☐ **Other occupational hazards**:

Please describe and list any exposures of concern:

Stanford | Environmental Health & Safety
Occupational Health Services

Name (Last, First, MI)

PART B: HEALTH HISTORY *(Your PI/Supervisor should not see this page)*

Do you have any allergies or asthma? Yes ☐ No ☐ Don't know ☐

If NO, contact SUOHC if you have concerns about work-related allergy, asthma, or other health issues

If YES, what triggers your symptoms?	**What symptoms do you get?**
☐ Pollens or plants	☐ Skin rash or hives
☐ Animals _____	☐ Watery or itchy or red eyes
☐ Something at work	☐ Runny nose or sinus congestion
☐ Foods	☐ Wheezing or chest tightness
☐ Medications	☐ Shortness of breath or difficulty breathing
☐ Latex	☐ Other (specify):
☐ I'm not sure	

Please describe

Yes	No		Comments
☐	☐	Do you experience allergic symptoms when others work with animals near your work area?	
☐	☐	Are your allergy symptoms worsening?	
☐	☐	Do you take any medications, nasal sprays, or inhalers for your symptoms?	
☐	☐	Do you carry an EpiPen® or similar device?	

OTHER HEALTH CONCERNS

Yes	No	
☐	☐	Do you have any medical conditions (or take any medication) that might suppress your immune system? *This includes recent treatment (within 6 months) with chemotherapy or radiotherapy or high-dose steroids, cancer, rheumatoid arthritis or other autoimmune disorder, and even pregnancy.*
☐	☐	Have you been diagnosed with diabetes or told you have an elevated blood sugar level?
☐	☐	Do you have any health concerns that may affect your health at work that you would like to confidentially discuss with an Occupational Health medical provider?

Do you wear a respirator at work?

☐ Yes, a surgical/nuisance dust mask
☐ Yes, a fitted N95 or half/full-face respirator/PAPR
☐ No, I don't wear a respirator

If you feel you need to wear a respirator, or if you are due to renew your annual fit testing, contact the EH&S Respiratory Protection Program (723-0448)

I have answered the questions on this form truthfully and to the best of my recollection

_____ _____
Signature **Today's Date**