ROHP
Research Occupational Health Program

Research Occupational Health Questionnaire

Bates College

Responses are strictly confidential

Name(Last, First, MI):	Sex: ☐ M ☐ F	Date of Birth:	Today's Date:
Home or Campus Address:			Home/Cell Phone:
Position: Staff ☐ Student ☐ P.I. ☐ Volunteer ☐			Dept:
Email:	Supervisor:		ACUP#:

Please list below any known allergies. (ie; antibiotics, latex, etc.)

Allergies:

Please check boxes to animals that cause allergic symptoms.

☐ Rats ☐ Mice ☐ Fish ☐ Anoles ☐ Frogs ☐ Rabbits ☐ Dogs ☐ Cats ☐ Zebra fish

☐ Xenopus frogs ☐ Chickens or Chicken eggs ☐ Other(Please specify)

Will you be working with any of these animals listed above? ☐ YES ☐ NO

Check the boxes that reflect you symptoms when working around the animals listed above.

Nasal/Sinus	Throat	Eyes	Skin	Chest
☐ Runny or stuffy nose	☐ Soreness	☐ Itching	☐ Rash	☐ Wheezing
☐ Sneezing	☐ Hoarseness	☐ Watering	☐ Itching	☐ Coughing
☐ Itchy nose	☐ Bad breath	☐ Burning	☐ Eczema	☐ Tightness
☐ Poor sense of smell	☐ Swelling	☐ Redness	☐ Hives	☐ Shortness of breath
☐ Post Nasal drip	☐ Other:	☐ Swollen	☐ Redness	☐ Frequent bronchitis

Questions 1-3: Check the box that signifiess the amount of exposure you will have with the animal(s).

1. No direct contact, but enter the animal room or animal is in workspace. ☐
2. No direct contact with live animals but you handle "unfixed" animal tissue and or fluids. ☐
3 .Direct contact with live animal(s); {e.g. handle, restrain, collection of specimens, administer drugs, etc.} ☐

Which of the following measures have been taken to reduce symptoms?

☐ Use Mask ☐ Use Gloves (non-latex) ☐ Use Goggles ☐ Use Respirator ☐ Use Gowns

List any medication used to control symptoms including name, dosage and quantity.

Medication	Dosage	Frequency	Medication	Dosage	Frequency

Mark the appropriate boxes and list dates.

Are you pregnant? ☐ YES ☐ NO ☐ N/A

Date of last Tetanus Booster: _____

Mark the boxes that will you will be involved with regarding

Recombinant DNA ☐ Infectious Agents ☐ Human Blood, Body Fluids, Tissues, or Cells ☐

If other, specify:

Mark theChemical and Physical agents you will be working with.
☐ Flammables ☐ Caustic ☐ Toxic ☐ Reactive ☐ Radiation/Radioisotopes
☐ Anesthetic gases ☐ Controlled drugs ☐ Carcinogens ☐ Heavy Metals
Other (List):
Health or Work Concerns: Is there any health or work concerns below you wish to discuss with the Occ. Health Nurse?
☐ YES ☐ NO If yes, please list contact number you will prefer to reached at: _____
Wildlife/Field/Marine Studies
Check the boxes and/or list species you plan to come in contact with in your research:
☐ Wild rodents ☐ Racoons ☐ Foxes ☐ Squirrels ☐ Birds ☐ Fish ☐ Others(list):
Have you ever had a Rabies Vaccine Series? ☐ YES ☐ NO If yes, list dates below:
_____ _____ _____
Will you be in contact with rabies vector species? ☐ YES ☐ NO
Have you read and signed Bates liability waiver? ☐ YES ☐ NO ☐ N/A
Have you read the required forms/fact sheets regarding Hantavirus from the Maine Dept. of Health and also the Center for Disease Control? ☐ YES ☐ NO ☐ Have not received the paperwork ☐ N/A

I verify that the above information is accurate to the best of my knowledge.

Signature:_____ Date: _____