Responses are strictly confidential

|  |  |  |  |
| --- | --- | --- | --- |
| Name: Last, First, MI:  | Sex: M □ F □ | Date of Birth:  | Today’s Date:  |
| Home or Campus Address:  | Phone:  |
| Position: Staff □ Student □ P.I. □ Volunteer □  | Dept:  |
| Email:  | Supervisor:  | ACUP#-PI.s only:  |
| **Please list below any known allergies. ( ie; antibiotics, latex, etc.) Check here if none □** |
| Allergies:  |
| **Please check boxes to animals that cause allergic symptoms. Check here if none: □** |
|  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 your symptoms when working around the animals listed above.****Check here is no symptoms occur □**  |
| Runny or stuffy nose □ Itching □ Rash □ Hives□  |
| Sneezing □ Hoarseness □ Eyes watering □ Coughing □ Wheezing □ Sore throat □ Tightness in throat |
|  Bad breath □ Eczema □ Shortness of breath □ Tightness in Chest □ |
| Poor sense of smell □ Frequent bronchitis |
| **Questions 1‐3: Check the box that signifies 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 handle “unfixed” animal tissue and or fluids. □ |
| 3 .Direct contact with live animal(s); {e.g. handle, restrain, collection of specimens, administer drugs, etc.} □  |
| Note: Masks, gloves and lab coats are required while working with the animals in the colony |
|  Do you require any extra measures to reduce allergic symptoms? Yes □ No□If so please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Do you have your physician’s clearance to work with animals if required? Yes □ No □ Pending □ N/A □****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: \_\_\_\_\_\_\_\_\_\_\_\_(If you are an attending college student, please contact the Bates Health Center for your current Tetanus booster dates).  |
| **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 the Chemical or Physical agents you will be working with.**  |
|  Flammables □ Caustic □ Toxic □ Reactive □ Radiation/Radioisotopes □ |
|  Anesthetic gases □ Controlled drugs □ Carcinogens □ Heavy Metals □ |
| Other (List): Have you received safety training and are cleared to work with hazardous materials listed? Yes □ No □ N/A □  |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

 ROHP

Research Occupational Health Program

**Research Occupational Health Questionnaire**



|  |
| --- |
|  |
| **Wildlife/Field/Marine Studies**  |
| **Check the boxes and/or list species you plan to come in contact with in your research:**  |
|  Wild rodent □ Raccoon□ Fox □ Squirrel □ Bird □ Fish □ Others(list):  |
| Have you ever had a Rabies Vaccine Series? YES □ NO □If yes, list dates below: Series of 3: |
| \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Research Occupational Health Questionnaire – Bates College rev. 8‐26‐2014*