

**NMSU Institutional Animal Care and Use Program
Occupational Health and Safety Program for Animal Workers**



MEDICAL HEALTH QUESTIONNAIRE

To be completed by animal worker and sent to NMSU University Health Center for evaluation by a medical professional. The information contained in the Employee Health File is confidential under applicable State and Federal laws and regulations.

Print or Type

Name:	Date :	Sex: Male Female	Date of Birth:
Position:	Title:	Work Phone:	
Department:	Campus Mail:	Email:	
Supervisor/PI:	Supervisor's Phone:	Supervisor's email:	

Animal Exposure Assessment:

Check all boxes that describe the extent of your animal and animal-related contact.

- I have previous experience working with animals outside of NMSU.
- I have not had previous experience working with animals.
- I do not work directly with animals, but will enter areas where animals are housed.
- I do not conduct procedures on live animals, but I do work with fresh, unfixed animal tissues or body fluids.
- I handle, restrain, collect specimens or administer substances to live animals.
- I perform invasive procedures (surgery, necropsy).
- I have family pets.
- I have contact with animals outside of NMSU (visit farm or zoo)
- None of the above apply to me. **IF YOU CHECKED ONLY THIS BOX, STOP HERE, YOU DO NOT NEED TO COMPLETE THE REMAINDER OF THIS FORM**

Please check boxes to indicate type of animals you work with or near – including if you merely enter the animal holding area for any reason.

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Amphibians <input type="checkbox"/> Birds <input type="checkbox"/> Cattle <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Fish <input type="checkbox"/> Goat <input type="checkbox"/> Horse <input type="checkbox"/> Marine mammal <input type="checkbox"/> Mice: <input type="checkbox"/> purpose-bred <input type="checkbox"/> transgenic <input type="checkbox"/> wild
<input type="checkbox"/> retail vendor | <ul style="list-style-type: none"> <input type="checkbox"/> Poultry <input type="checkbox"/> Rabbit: <input type="checkbox"/> purpose-bred or <input type="checkbox"/> wild <input type="checkbox"/> Rat: <input type="checkbox"/> purpose-bred or <input type="checkbox"/> wild <input type="checkbox"/> Reptile <input type="checkbox"/> Rodents: <input type="checkbox"/> purpose-bred (give type): _____ <input type="checkbox"/> Rodent wild (give type): _____ <input type="checkbox"/> Sheep <input type="checkbox"/> Swine <input type="checkbox"/> Bats, foxes, coyotes, skunks, raccoons <input type="checkbox"/> Other: _____ |
|---|--|

Medical history

- 1. Have you had a tetanus immunization/booster in the last 10 years?
No ___ If yes, give date on your vaccination record: _____
- 2. Have you had a rabies vaccination/titer?
No ___ If yes, give date: _____
- 3. Do you have allergies either to animals or their bedding or dust, plants, molds, pollen, or food?
No ___ If yes, how often? _____
To which items _____
- 4. Do you have a personal or family history of asthma, asthma-like symptoms, hayfever, or eczema?
No ___ If yes, which symptoms?
What cause? _____
- 5. Will you be subjected to noise exposure exceeding 85 decibels on a regular basis (communication within 2 feet requires shouting)?
No ___ If yes, please explain _____

- 6. Are you immunosuppressed, post-splenectomy or taking immunosuppression drugs?
No ___ If yes, please explain and list the drugs _____

- 7. Do you have any disabilities/limitations which would affect your ability to perform work duties (bend, lift, carry, walk, read, speech)?
No ___ If yes, please explain: _____

Other Personal Health Concerns

Do you have any health or workplace concerns not covered by the questionnaire that you feel may affect your occupational health and would like to confidentially discuss with the University Health Center physician Yes ___ No ___

I have answered the questions on this form to the best of my recollection. I have received and understand the "OCCUPATIONAL HEALTH AND SAFETY PROGRAM FOR ANIMAL WORKERS - PROGRAM OVERVIEW" document.

Signature _____ Date _____

The completed Medical Health Questionnaire is confidential and should be delivered directly to the University Health Center located in Genesis Center Building C, 3655 Research Drive, or mailed to MSC 3EHS, or faxed to 505-646-7865.