

## Baseline occupational health questionnaire

Name \_\_\_\_\_

Laboratory/Department \_\_\_\_\_

Phone number \_\_\_\_\_

Room number \_\_\_\_\_

E-mail \_\_\_\_\_

Name of Principal Investigator/Head of Laboratory \_\_\_\_\_

### Occupational and Medical History:

1. Job title \_\_\_\_\_
2. Work includes the following: (check what apply) – 
  - Direct contact with animals
  - Work in the same room as animals but without direct contact or handling
  - Work with unfixed tissues, cell or body fluids
  - Providing routine care for animals
  - None of the above
3. What research animal species will you possibly have contact with? – 
  - a. Rodents
  - b. Rabbits
  - c. Other (please, list)
4. Please check hazardous materials you may be exposed to in your work: – 
  - a. Biological materials from humans (or non-human primates) -blood, tissue, body fluids
  - b. Biological materials from other animal species (blood, tissue, body fluids). List species if known:
  - c. Infectious agents known or suspected to infect humans. List if known:
  - d. Other hazards (radioisotopes, carcinogens, chemical hazards) – please, list
  - e. None of the above

**Note:** If you are potentially exposed to any hazards listed above, you must complete appropriate training.

5. Are you allergic to either of the following? – 
  - a. Animals:

No

Yes - Please list which animal and describe type of allergic reaction \_\_\_\_\_

b. Latex:

No

Yes: Please describe type of allergic reaction: \_\_\_\_\_

6. Do you have **any** allergies or asthma ? –

Yes, No, Don't know

If Yes, what symptoms do you get? (check all that apply) –

- Skin rash
- Watery or itchy eyes
- Runny nose
- Wheezing or chest tightness
- Shortness of breath or difficulty breathing
- Other – please, describe \_\_\_\_\_

7. Are your allergy symptoms worsening when someone works with animals near to you?

–  - Yes / No

8. Do you take any medications, nasal sprays or inhalers for your allergy or asthma symptoms? –  Yes/ No

If yes, please, list \_\_\_\_\_

9. Do you have any medical condition (or take any medication) that may suppress your immune system? (these include chemotherapy, radiotherapy, high-dose steroid treatments, diseases and conditions like cancer, rheumatoid arthritis, auto-immune diseases) –  If you are pregnant, please, mention it here

Yes / No \_\_\_\_\_

10. Do you have diabetes or any other health issue that may raise concerns about working with laboratory animals and occupational hazards mentioned above? –

Yes / No

Signature

Date

Confidential when completed