

Occupational Health Questionnaire For Access to Animal Areas

Name: _____ Date: _____

E-mail: _____ Work Phone: _____ OHSU Mail Code: _____

Position/ Occupation: Faculty Research Asst. Student Volunteer Vendor/Contractor
 Veterinarian Animal Care Worker Other: _____

OHSU Department or Outside Employer: _____

Principle Investigator/Supervisor: _____ Emergency Phone: _____

Indicate campus for which access is requested (check all that apply):

Marquam Hill Waterfront West Campus (ONPRC, VGTI/NSI, OGI)

Do you work in a building where human patients are seen? Yes No
 Do you have face to face contact with human patients or research subjects? Yes No
 Do you enter buildings where non-human primates are housed? Yes No

If you enter animal housing areas **only in case of emergency**, check here and skip to Page 2

Check a box on each line to indicate the level of contact (0 - III or tissues only) and duration of contact you will have with each animal species at OHSU:

Species	Level of Contact					Tissues Only	Estimated number of hours/week
	0	I	II	III			
Cat							
Cattle							
Chicken							
Dog							
Fish							
Frog							
Gerbil							
Guinea Pig							
Hamster							
Mice							
Non-human Primate							
Macaque spp.							
Non-macaque spp.							
Rabbit							
Rat							
Sheep							
Swine							

Level 0: No anticipated contact
Level I: Minimal contact with live animals, no procedures performed
Level II: Minor procedures performed (injections, tissue harvest, etc.)
Level III: Advanced procedures performed (anesthesia, surgical, etc.)

For Employee Health use only

Edu. Materials given/sent: _____

TB Screen:
 PPD (1) _____ PPD (2) _____
 Chest X-ray/evaluation _____

Tetanus: _____

MD Referral: _____

Other: _____

Nurse Comments: _____

Nurse initials: _____ Date: _____

Continued on reverse side

Occupational Health Questionnaire for Access to Animal Areas

Name: _____

OHSU Employee ID # or Social Security #: _____ Birth Date: _____

Date of most recent tetanus booster: _____ *

Date of most recent TB skin test: _____ ** Result: Negative Positive

If positive, date of last chest X-ray: _____ *** Result: Normal Abnormal

Have you had a rabies vaccination? Yes No If **yes**, provide date(s) _____

* *If date of last tetanus booster is unknown or more than 10 years ago, please contact Employee Health.*

** *If you have not had a TB skin test, please contact Employee Health.*

*** *If you have had a positive TB skin test, but no chest X-ray or an abnormal chest X-ray, please contact Employee Health.*

Have you ever worked with animals before? Yes No

If **yes**, please describe (include number of years worked with each species): _____

Have you ever had allergies or asthma? Yes No

If **yes**, please describe: _____

Are you immune suppressed? Yes No

If **yes**, please describe: _____

Have you had your spleen removed? Yes No If **yes**, provide date: _____

Do you have a history of heart valve disease? Yes No

If **yes**, please describe: _____

Please describe any other health conditions you think may be pertinent to working with animals:

Please send completed form to Employee Health, Mailcode UHN 89.

This page will **NOT** be forwarded to DCM/DAR.