

HARVARD SCHOOL OF PUBLIC HEALTH
MEDICAL HISTORY QUESTIONNAIRE

For any personnel exposed to animals

COMPLETE ALL INFORMATION—INCOMPLETE FORMS WILL NOT BE ACCEPTED! ONCE FILLED OUT, SIGN AT BOTTOM AND FAX TO: Carol Dennehy at 978-247-6081

Harvard School of Public Health will provide proper training and any necessary personal protective equipment or immunizations to minimize your risk of injury.

PLEASE COMPLETE THE FOLLOWING:

Part A: PI or Supervisor's Name: _____
Name of Building of employment: _____
Your email address: _____

Part B: Position Description:

- PI or Faculty Member
- Lab Manager, Supervisor
- Scientist or research technician
- Post-Doc, Fellow or Student

Part C: Risk Assessment:

Low Risk: Rats, mice, rabbits, guinea pigs, hamsters, gerbils, dogs, cats, swine, fish, frogs. When working with animals in this category, you have a very low risk for physical injury, and a moderate risk for developing allergies to the animals.

High Risk: Non-human primates, sheep, or any other species not listed above. When working with animals in this category, you have a moderate risk for physical injury and for contracting infectious diseases that are common in these species and a low risk for developing allergies.

Please identify what species you will work with: Nonhuman primates

Sheep

Other, identify: _____

Protocol related risk: Use of toxic, radioactive or infectious materials. When working with these materials, you may have to use special containment devices, personal protective equipment and work practices to protect you from injury. Please check all appropriate boxes and provide all requested information:

Toxic chemicals, identify: _____

Infectious agents, identify: _____

Human blood, primary tissue or cell lines, identify: _____

PLEASE COMPLETE THE FOLLOWING:**Section 2: Personal Identification**

Name: /First: _____ /Middle Initial: _____ /Last _____
 Home Address _____
 Home Telephone _____ Date of Birth _____
 Gender _____ (M/F)

University Information

Worksite _____ Job _____ Title _____
 Email _____ Telephone _____
 University ID Number _____

In Case of Emergency

Notify _____ Name _____
 Relationship _____ Telephone Number _____

Section 3: Medical History:

Health Plan _____
 Name of your Primary Care Physician _____
 Location of Primary Care Physician _____
 Other Specialists involved in your care
 (List Names and Locations:))

Do you presently take any prescription medication? No Yes If so, please list your current medications: _____

The following questions address possible health concerns related to your work with laboratory animals in Harvard School of Public Health animal facilities:

1. Do you currently smoke tobacco? No Yes
2. Have you smoked tobacco in the past 12 months No Yes
3. Have you experienced any of the following symptoms: Eye burning Nasal congestion
 Skin itching Hives Chronic cough Wheezing Shortness of breath Anaphylaxis
 When did your symptoms begin? Childhood Adult
4. Have you experienced these symptoms with exposure to any of the following items?
 - a. Animals: No Yes; Please specify the species that cause symptoms and describe your symptoms: _____
 - b. Latex products: No Yes; Please tell us which symptoms you experience: _____
 - c. Other workplace items: No Yes, explain _____
 - d. Have you had allergy testing?
 - i. Skin test No Yes. Results: _____
 - ii. Other test No Yes: Type of test and results: _____
5. Muscle and Joint conditions:
 - a. If you have had weakness, pain, stiffness or restrictions in your muscles or joints, please circle the affected body parts:
 Shoulders Elbows Wrists/hands Hips Knees Ankles Neck Lower back
 - b. If you have circled any of the above items, please describe the problem and any treatment you have received: _____

- 6. Other significant medical problems:
 - a. Have you ever been told that you have an illness that will make you more susceptible to other illnesses? No Yes. (You may choose to leave this section blank if you prefer and discuss these matters with the occupational health specialist).
 - b. Do you have any other medical concerns that you might interfere with your ability to do your job that you would like to discuss with an occupational health physician? No Yes
- 7. For nonhuman primate or sheep workers:
 - a. Nonhuman primate users: Do you test POSITIVE on standard TB tests? No Yes, explain:

 - b. Sheep users: Do you have a heart murmur or a cardiac valve problem? No Yes, explain:

Section 4: Tests and immunizations.

When were you last vaccinated or tested for the following? (If you do not know, indicate 'DK' on the line provided.) Please also note that specific current immunizations will be required in order to be approved to work with most animals.

Tuberculosis (Skin test-required on employment for all, repeated annually for all nonhuman primate users.)

_____ Tetanus (Current vaccination required for ALL) _____

Hepatitis B (Vaccination must be made available to people who work with human blood, primary human tissues or cell lines of human origin) _____

Vaccinia (may be required for some people who work with recombinant viruses) _____

CAUTION! Some infectious diseases, including certain zoonoses, are known to affect the fetus adversely. If you or someone in your household is pregnant or planning to become pregnant soon, please discuss your risk level with a healthcare professional at the Occupational Health Facility or your personal health care provider prior to working with animals.

To the best of my knowledge, all of the information above is accurate, truthful and complete.

Name _____ (Please Print)

Signature _____ Date _____

For Occupational Health Use Only

Employee Name: _____

Worksite: _____

Job Title: _____

Reviewed by _____ **Date** _____

Follow-Up NO YES Date _____

Comments _____