

BATES COLLEGE OCCUPATIONAL HEALTH PROGRAM

Health Screening Questionnaire

YOUR RESPONSES ARE STRICTLY CONFIDENTIAL

The completed form will be reviewed by and must be sent to:

WorkMed Attn: Occupational Health Nurse

15 Gracelawn Road, Auburn, Maine 04210

(207) 753-3080

Health Screening Information:

Please complete ALL of the following Information:					
Circle all that apply: Mr. Mrs. Ms. Dr. Male Female					
Employee: Yes No		Student: Yes No			
Last Name:		First:		MI	
Job Title:		Work Address		ID	
Birth Date:		phone		Dept	
Cell phone		e-mail			
Supervisor If applicable					

Circle all that apply:

Faculty Staff(AI) Research Technician/Associate Student PI
 Volunteer Other (specify) _____

Does your work involve any of the following?	Yes	No	If yes, specify/list
1. Biological Agents			
a. Recombinant DNA/RNA			
b. Infectious Agents			
2. Human Blood, Body Fluids, Tissues, or Cells			
3. Physical Agents			
a. Caustic or Flammables			
b. Noise			
c. Radiation			
d. Radioisotopes			
e. Lasers			
4. Chemical Agents			
a. Anesthetic gases			
b. Controlled drugs			
c. Heavy Metal /Carcinogens			

Revised 6/7/2010

Check all that apply

Species	Hours per week exposed to animals Inside and outside of the Bates Animal Colony	Level 1 *	Level 2 *	Level 3 *
Mouse				
Rat				
Hamster				
Guinea Pig				
Rabbit				
Dog				
Cat				
Horse				
Reptile(s) Specify: _____				
Birds(s) Specify: _____				
Fish Specify: _____				
Amphibians Specify: _____				

Level 1: No direct contact with live animals, but either you enter animal room or animal is in your work space

Level 2: No direct contact with live animals, but you handle "unfixed" animal tissue and or fluids.

Level 3: Direct Contact with live animals(s); (e.g. handle, restrain, collection of specimens, administers drugs, etc)

Are you allergic to any animals? Yes No
Do you suffer from allergies? Yes No
If yes, Please specify: _____

Have you received a Tetanus Booster since your last evaluation? Yes No
If yes, list date: _____ Date of last Tetanus Booster: _____

Have you ever received a Rabies Vaccine? Yes No
If yes, dates: _____

Have you had any on-the-job exposures since your last evaluation? Yes No
If yes,
specify _____

Are you pregnant? _____

Have there been any changes in your health history in the past year?

If yes,
explain _____

Have you suffered a back injury in the past or are you currently on weight restrictions for lifting over 40 lbs.? Yes No

How often do you experience any of the following symptoms *when you are around animals at work?* (Please mark appropriate box with an X)

Symptom	Never	Up to once a month	2 to 4 times a day	Over 4 times a month	Almost every day
Watery Eyes					
Runny Nose					
Itchy Eyes					
Wheezing					
Shortness Of Breath					
Skin Rash					
Chest Tightness					
Coughing					
Sneezing					

I verify that the above information is accurate to the best of my knowledge.

Signature _____ Date: _____

Do you have any health or workplace concerns not covered by the questionnaire that you feel may affect your health and would like to confidentially discuss with the Occupational Health Nurse?

Yes

No

Please be informed that certain conditions can increase your potential risk of health problems with working with animals. These medical conditions could include but are not limited to allergies to animals and/or animal dander, asthma, heat wave disease, immunosuppression and chronic back injury. You should also be aware that animals kept at home could have an impact on your ability to perform certain care duties with selected species of animals. If you have pets or farm animals, be sure to inform your supervisor.