NCSU Vertebrate Animal Contact Questionnaire
NCSU Student Health Services
Occupational Health Surveillance Program
Campus Box 7304, Raleigh NC 27695
919-513-0277, FAX: 919-513-1379

Part A

All Fields Required

<table>
<tr><td colspan="2">Name (Last, First, M.I.)</td><td colspan="2">PeopleSoft ID No. (See HR Rep. For No.)</td><td>Date of Birth</td></tr>
<tr><td colspan="2">Home Address (Street)</td><td colspan="2">City (Home)</td><td>State (Home)</td></tr>
<tr><td colspan="2">Home Phone</td><td colspan="2">Today's Date</td><td>Sex: Male □ Female □</td></tr>
<tr><td>Job Title:</td><td colspan="2">Wk. Phone:</td><td colspan="2">E-mail:</td></tr>
<tr><td colspan="3">PI/Supervisor</td><td colspan="2">Student □ Yes □ No Dates Enrolled</td></tr>
<tr><td>Department</td><td colspan="3">College</td><td>Volunteer □ Yes □ No</td></tr>
</table>

Please Note: Part A (sections I through IV are to be completed by employee and supervisor. Part B(sections V through IX) are confidential and to be completed by employee. Mail **entire** completed form (sections I through IX) to Student Health Services (SHS). SHS is responsible for receiving and reviewing questionnaires. The questionnaire may also be sent to Duke Occupational Medicine should special circumstances dictate. **Only Student Health Services and Duke Occupational Medicine will have access to the information in this questionnaire.** Send completed questionnaire in a **sealed** envelope to:

Occupational Medicine Program
Student Health Services, Box 7304, Raleigh, N.C. 27695-7304.

This form must be re-submitted if there is a change in health status, exposure or job changes, as described on the Animal Contact website. Please (√) this box if re-submitting form: □

I. Animal Use/Exposure

Check boxes if statement is applicable to your status *(check all that apply)* and explain in the space provided:

- ❑ I am no longer active on an approved animal use protocol.
- ❑ I am on an approved animal use protocol, but will not be handling animals.
- ❑ I am not directly contacting animals but will be working in areas where animals are housed, such as cleaning or maintenance duties, and may be in contact with animal blood or tissue.
  Please explain: ____________________
- ❑ I will be working in animal pathogens/disease areas (Biosafety Level 2).
  Please explain:____________________
- ❑ I am involved with veterinary care or animal husbandry.
  Please explain:____________________
- ❑ I am working with human specimens (cells, body fluids, etc., in conjunction with animal studies).
  Please explain:____________________
- ❑ I handle animals as part of a research/teaching assignment.
  Please explain:____________________
- ❑ I work with animal carcasses, tissues, or specimens (not formalin-fixed or sterilized)
  Please explain:____________________
- ❑ I handle animals as part of a volunteer service.
  Please explain:____________________
- ❑ None of the above. Please explain:____________________

II. Which Animals,Tissues and/or Body Fluids Could You Contact or Be Exposed To? *(Living or deceased that are not formalin-fixed or sterilized). (Check all that apply).*

Indicate Estimated Contact Hours per Week: **Actual Contact Hours per Week**

- ❑ Domesticated (lab) small mammals: ________
  ____mice ____rats ____rabbits ____guinea pig
  ____other; specify: ________________________________ ________
- ❑ Domesticated dogs______ cats_____ ________
- ❑ Domesticated livestock. Specify:________________________ ________
- ❑ Rabies-vaccinated NCSU research livestock only________________ ________
  ____Other; specify: ________________________________ ________
- ❑ Non-human primates. Specify:_________________________________ ________
- ❑ Wild rodents, and small mammals. Specify:______________________________ ________
- ❑ Big game wildlife (deer, elk, mountain lions, bears, wolves) ________
  Specify: ____
- ❑ Non-mammalian vertebrate animals (reptiles, amphibians, birds, fish) ________
  Specify: ____

Are the animals listed above used for research or are they patients:

- ❑ Animals are used for research
- ❑ Animals are patients

III. Biological and Physical Health Hazards

Provide the following for each agent you are exposed to in conjunction with animal studies:

1. Infectious Agents/Recombinant DNA : Yes □ No □ If yes, please specify _________________________________ IBC Approved? Y | N

2. Loud noises: Yes □ No □ _________________________________
e.g. dog and pig housing areas

IV. Personal Protective Equipment

1. When working with animals or animal materials/tissues do you wear the following ?
(Check all that apply)

____ Gloves
____ Gown
____ Fit-tested elastomeric respirator
specify type:______________
____ Rated dust mask (e.g. N-95 type)
specify type:______________
___ Goggles/glasses
___ Face shield
___ Hearing Protection

2. If you are wearing a respirator (half, full face or N95 mask) have you received training and fit testing?
Yes or No_________ If yes, date ______________

3. If you are required to wear hearing protection (i.e. enrolled in a Hearing Conservation Program), is your hearing checked annually? Yes or No__________ If yes, date ________________

_____________________________________ ____
Supervisor(s) Signature Date

Vertebrate Animal Contact Medical Questionnaire

Part B

Please Note: Sections V through IX are confidential and are to be completed by the Employee. If you would like to talk with a physician concerning any of these questions, you may contact Student Health Services, at 919-513-0277.

V. Immunization and Infectious Disease History

You must supply most recent year for immunization and titers. You must supply proof of previous rabies series and/or titers. Have you ever had or do you now have any of the following immunizations or diseases? **If answer is yes you must supply a date. If answer is no check 'no' column. Incomplete forms will be returned.**

	I have immunization for			I have had the following disease		
	Yes	Last Year Immunized	No	Yes	Year Infected	No
Tetanus						
Rabies	(Series of 3)					
Rabies Titer						
Hepatitis A	(Series of 2)					
Hepatitis B	(Series of 3)					

1. Tuberculosis Surveillance
   Tuberculin skin test Yes ☐ No ☐ Most recent year: _______ Results: Positive ☐ Negative ☐

   a. If TB test was positive, did you receive medical treatment? Yes ☐ No ☐
   b. Have you had active tuberculosis? Yes ☐ No ☐
      If yes, list year and description of treatment: ___________
   c. Have you ever lived in countries other than the United States? Yes ☐ No ☐
      If yes, list countries: ____________________________________
   d. Have you received the tuberculosis vaccine Bacillus Calmette Guerin (BCG) vaccination? Yes ☐ No ☐
   e. If you have received BCG, have you had a tuberculin skin test since the vaccination? Yes ☐ No ☐
      If yes, year of skin test: __________
   f. Date of last chest x-ray: __________
   g. Reason x-ray was taken: ___________________________________

2. Have you ever received a rabies vaccination after a rabies exposure or suspected rabies exposure? Yes ☐ No ☐

3. Have you ever been diagnosed with an infectious, viral, bacterial or parasitic illness that had been confirmed to have come from an animal and was associated with your research/studies/work at NCSU or elsewhere? Yes ☐ No ☐
   If yes, please explain: ____
   ____

4. Have you ever suspected that you have acquired an illness from an animal, animal materials/tissue at NCSU or elsewhere, but were unable to confirm this? Yes □ No □
If yes, please explain: ____
____

VI. Medical History

What are your ongoing medical problems? Use an additional sheet of paper if necessary.

❑ Pneumonia	□ Recurrent Bronchitis	□ Tuberculosis
❑ Heart Disease	□ Rheumatic Fever	□ Heart Murmur/ Valve Disease
❑ Diabetes	□ Kidney Disease	□ Liver Disease
❑ Cancer	□ Gastrointestinal Disorder	□ Loss of Consciousness
❑ Seizures	□ Arthritis	□ Chronic Back or Joint Pain
❑ Cystic Fibrosis	□ Emphysema/Chronic Lung Condition	

- _____**None of the above**

Have you been told by a physician that you have an immune compromising medical condition or are you taking medications that impair your immune system (steroids, immunosuppressive drugs, or chemotherapy)? Yes □ No □

If yes, please explain: ____

____

Are you currently taking any other medications? Yes □ No □
If yes, please list below:

____

VII. Allergies/Asthma

1. Are you allergic to any animal(s)?…………………… Yes □ No □
   If yes, list the animals that caused your allergy symptoms:________________________
2. Do you have any other known allergies?……………………… Yes □ No □
   If yes, please describe: ____
3. List symptoms that occur when you are suffering from your allergies: _______________
4. List treatment that you receive to relieve your allergies: __________________________
5. Have you been treated for asthma?…………………………. Yes □ No □
   If yes, please list:
   a. the cause(s) of your asthma: _____________________________
   b. the number of asthma attacks per month: __________________
   c. the medications you take for your asthma;__________________
6. Do you have skin problems related to work (e.g. reactions to latex gloves, dry cracked skin, rashes)?
   Yes □ No □ If yes, describe: ___________________________________
7. Do you experience shortness of breath at work? ……………… Yes □ No □
8. Is there a family history of hay fever, asthma, allergic skin problems or eczema?………. Yes □ No □
   If yes, please explain____
9. Outside of work, do you have any exposure to animals?…………. Yes □ No □
   If yes, please explain____

Please use this space to explain or make comments:

____

____

VIII. For Individuals Working with Sheep

1. Do you have a history of valvular disease (heart murmurs) or congenital heart disease? Yes ◻ No ◻
   If yes, date of diagnosis: ____________
   Type of disease: ______________________
   Treatment: ______________________
2. Do you now have or have you ever had Q-fever? Yes ◻ No ◻

IX. Pregnancy

1. Are you pregnant, suspect your are pregnant or contemplating pregnancy? Yes ◻No ◻
2. Do you have work related questions concerning pregnancy that you would like to discuss with an Occupational Medicine Physician? Yes ◻ No ◻
   You should refer to the Reproductive Health Protection program on the EHSC website as well http://www.ncsu.edu/ehs/www99/right/handsMan/worker/REPRO_HEALTH_PROG.pdf .

X. Additional Questions and Concerns

Do you wish to talk to a medical provider concerning laboratory/client animal hazards or regarding this questionnaire? Yes ◻ No ◻

______________________________ ______________________

Employee Signature Date

Reviewer ______________________________

____
Signature Date

Revised July 2011

See Privacy Protection Policy on the next page.

Vertebrate Animal Contact Medical Questionnaire

Privacy Protection Policy

I hereby authorize the use and/or disclosure of my individually identifiable health information as described below. I understand that the purpose of my visit is for the purpose of creating protected health information for disclosure to my employer, North Carolina State University. Should I refuse to sign this authorization, the examination requested will not be conducted, and certain tasks cannot be performed because they require a medical examination. If this task is an essential job duty, lack of performance may result in termination of my employment. I further understand that if the person(s) or organization authorized to receive the information is not a health plan or health care provider, the released information could be re-disclosed and would no longer be protected by federal privacy regulations.

1. Personal health information to be disclosed to other health providers: All medical information obtained as a result of the examination identified above.

2. Health Providers (or class of persons) or organization authorized to provide the information: Student Health Services, Duke Occupational Medicine, and ___________________ (write in name of health care provider if not listed above or N/A for not applicable).

3. Purpose of the requested disclosure: Summarized information to be disclosed by the health provider to those listed in item #4 below is to determine if the employee has a health condition which may interfere with his/her job performance and to comply with OSHA regulations.

4. Person(s) or organization authorized to receive summarized information: My supervisor, safety manager and the industrial hygiene section or Environmental Health and Safety occupational medicine program will receive only summarized information as described in item 3 above.

5. I understand that I have a right to revoke this authorization at any time. My revocation must be in writing in a letter provided to the Student Health Services. I am aware that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this authorization.

6. I understand that I will get a copy of this form after I sign it.

7. I have been provided with a copy of NC State University's Notice of Privacy Practice prior to signing this authorization. A copy of the Privacy Practice is located also on the EHSC's Medical Surveillance web page at: http://www.fis.ncsu.edu/health/docs/privacy.pdf.

8. This authorization expires in one year.

____ ___________

Signature of Employee Date