OSEH Occupational Safety & Environmental Health	MEDICAL SURVEILLANCE QUESTIONNAIRE For personnel working with research animals CONFIDENTIAL MEDICAL INFORMATION

☐ New/Initial Screening ☐ Annual/follow-up screening ☐Student ☐Temporary ☐Faculty ☐Staff

First Name_____MI_____Last Name_____Social Security #_____

Gender ☐ Male ☐Female Date of Birth (mm/dd/yy)_____Email_____UMID#_____

Uniqname_____ Department_____Principal Investigator/Supervisor_____

Projected Duration of duties_____Office phone#_____

Primary Language_____ Language you prefer used by your medical provider_____

Animal Contact

What species of animals will you be exposed to?

(This includes direct contact with animals, animal tissues and/or wastes, and animal enclosures.)

☐ Birds ☐ Cats ☐ Dogs ☐ Guinea Pigs ☐ Wild mammals

☐ Pigs ☐ Rabbits ☐ Rats ☐ Mice ☐ Field Research

☐ Fish ☐ Chickens ☐ Frogs ☐ Cattle ☐ Other (please list)_____

☐ **Sheep** requires review of Q-fever precautions and Risks associated with working with this species.

Working with **pregnant female sheep, newborn lambs, or nursing lambs Requires Respiratory Protection**

☐ **Non-Human Primates** requires TB testing and Rubeola immunity verification

What kind of contact will you have? [Check all that apply]

☐ Direct contact with animals

☐ Direct contact with non-fixed or non-sterilized animal tissues, fluids, or wastes

☐ Direct contact with non-sanitized animal caging or enclosures

☐ Service support to animal equipment, devices and/or facilities

Do you have contact with animals outside of work? ☐ No ☐ Yes **If yes**, please list the species_____

Allergy History

List any allergies to medications:_____Reactions:_____

Do you have any of the following? (Check all that apply)

☐ Chronic cough ☐ Hay Fever ☐ Skin rash ☐ Asthma

☐ Chronic allergies (food, pollens, dust) ☐ Allergic rhinitis (runny nose due to allergy)

☐ Allergic conjunctivitis (itchy, watery eye from allergy)

☐ A natural parent or sibling with allergies to animals or their substances

Do you have allergies to any of the following? (check all that apply)

☐ Mice ☐ Birds ☐ Cats ☐ Rats ☐ Dogs ☐ Cows/Horses

☐ Rabbits ☐ Guinea Pigs ☐ Sheep/Wool ☐ Swine ☐ Other (not listed) _____

☐ Grasses/Alfalfa/Trees/Weeds ☐ Latex

Do you have any of the following symptoms that you feel ARE CAUSED BY OR MADE WORSE because of your work with laboratory animals?

☐ Cough ☐ Chest tightness ☐ Hives ☐ Rash ☐ Runny nose

☐ Sneezing ☐ Shortness of breath ☐ Wheezing ☐ Watery, burning, or itchy eyes

List any concerns or other information the provider should know _____

☐ I have previously reported my symptoms to Occupational Health Services, and there has been no change in my level of symptoms.

☐ I have previously reported my symptoms to Occupational Health Services and request another evaluation.

Review the statements below and check if any apply to you at this time.

Review the medical information links that apply to you. Contact the Medical Surveillance Coordinator if you need more information.

☐ I am pregnant or planning to become pregnant. **Pregnancy Information**

☐ I am immunocompromised due to treatment of certain diseases, chronic illnesses, spleenectomy or taking immunosuppressive drugs. **Immunocompromised Information**

☐ I am exposed to sheep or cows and have a valvular heart disease. **Q Fever and Valvular Heart Disease Information**

Prior to submission review and check:

☐ I verify that all information is accurate and have been referred to and read all pertinent information related to the animals that I come in contact with in my department.

☐ I have reviewed all of the risk-related documents posted on the OSEH web site that refer to my current status.

TODAY'S DATE:_____

EMAIL COMPLETED QUESTIONNAIRE TO : MedSurv-Questionnaire@umich.edu OR

FAX COMPLETED QUESTIONNAIRE TO: 647-4768