



Follow-up Medical Questionnaire for Employees with Animal Contact

Please Use This Form If You Have Any Changes to Allergy or Health Status After Animal Exposure

Employee Information:

Name	<input type="text"/>	EWU ID #	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>
Title	<input type="text"/>	Work Location (Building/Room)	<input type="text"/>

Confidentiality:

All information on this form is confidential.

Mail this form in the envelope provided to Providence Occupational Medicine (Providence), for review by a physician (location choices below). Providence will keep a record of this form, but will not share it with Eastern.

Eastern Washington University will NOT have access to the answers provided.

Form Instructions:

- Do not leave any question unanswered
 - Provide an explanation for any question you answer YES to
 - Ensure the completed form is legible
 - EH&S recommends they use their eight (8) digit employee number and not your social security number
 - Sign the completed questionnaire
 - Place the questionnaire in the provided envelope, **seal the envelope**, and submit it to Providence.
- Vaccinations may be recommended depending on the animals you are exposed to and your vaccination history.

If you have questions about this form, please contact EH&S or the IACUC.

Providence Occupational Medicine Locations:

Downtown Spokane:

421 S. Division St, Suite 2, Spokane, WA 99202 **Phone:** 509-474-5858 **Fax:** 509-474-5859
Working Hours: Mon – Fri: 9 am – 5 pm

North Spokane:

551 E Hawthorne Rd. Spokane, WA 99218 **Phone:** 509-252-1905 **Fax:** 509-489-3874
Working Hours: Mon – Fri: 8:30 am – 5 pm

Spokane Valley:

1528 E. Desmet Court, Suite A1600, Spokane Valley, WA 99216 **Phone:** 509-944-8907 **Fax:** 509-944-8907
Working Hours: Mon – Fri: 9 am – 5 pm

Airway Heights:

11919 W. Sunset Highway, Suite D, Airway Heights, WA 99001 **Phone:** 509-474-2650 **Fax:** 509-508-4552
Working Hours: Mon – Fri: 8:30 am – 5 pm

Allergy Symptoms:

Have you started experiencing any of the following allergy symptoms since you last completed this questionnaire? (Please do not include symptoms experienced from a cold, flu, or other illness).

Symptoms	Year of onset	Present now	Spring	Summer	Fall	Winter	Not Seasonal	Home	Work	No difference
Watery or itchy eyes										
Runny or stuffy nose										
Sneezing spells										
Frequent cough										
Difficulty swallowing										
Excessive mucous										
Sinus problems										
Hives										
Swelling of lips or eyes										
Eczema										
Wheezing/chest tightness										

Please provide any information you have about the cause of these symptoms and how you treat them

Occupational Information:

During your current job do you handle any of the following?

Live animals Yes No Unknown Animal carcasses Yes No Unknown

Live tissues Yes No Unknown Animal fluids Yes No Unknown

Animal cages Yes No Unknown

Do you work in the vivarium at least once a week? Yes No

If yes, how many days per week do you work with lab animals or their cages?

On those days, how many hours per day do you work with animals or their cages?

If no, over the past 6 months, during how many weeks have you had lab animal contact?

During those weeks, how many days per week have you worked with lab animals?

On those days, how many hours per day have you worked with lab animals?

How many hours per week do you usually have contact with the following species?

	Unknown	0 hours	<1 hr.	1-5 hrs.	6-10 hrs.	11-15 hrs.	16-20 hrs.	21+ hrs.
Mice								
Rats								
Fish								
Amphibians								
Insects								
Other								

When working with lab animals or their cages, how often do you do the following?

	Never	Less than ½ the time	Most of the time	Always
Wear gloves				
Wear a dust mask				
Wear other respirator				
Wear a gown or other protective clothes				
Wear a hair bonnet				
Wear shoe covers				
Wash hands after handling animals				
Wear eye protection				

Medical History:

Have you had a tetanus booster since you last completed this questionnaire? Yes No

If yes, please specify the calendar year you last tetanus booster was received

Have you had the Hepatitis B vaccine series since you last completed this questionnaire?

Yes No

If yes, please specify the calendar year you last tetanus booster was received

Have you developed a chronic medical condition that requires medication? Yes No

Are you taking any medications that impair your immune system? Yes No

Do you have a valvular or congenital heart condition? Yes No

If you answered "yes" to any of the last 3 questions, please explain.

Have you ever smoked cigarettes? Yes No

If yes, do you currently smoke cigarettes? Yes No

Do you have any questions you would like to speak to the medical provider about?



Environmental Health and Safety
002 Martin Hall
Cheney, Washington 99004
Phone: 509-359-6496 Fax: 509-359-4690
Email: envhea@ewu.edu

If you have questions for the medical provider:

When is the best time to contact you?

What is the best phone number for contact?

This form has been completed to the best of my knowledge.

Employee Signature

Date

Please place your completed form in the envelope provided, seal the envelope and return it to Providence Occupational Medicine at the location of your choice (See page 1 of this document).