



**Laboratory Animal
Allergy Health
Screening Questionnaire**

**Office of Laboratory
Animal Resources
LAR**

Date:
Name:
Address:
Phone:
Emergency Contact Name & Number:

1. Do you have any environmental allergies? Yes No
If yes, please list:

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2. Do you take any allergy medications (pills, sprays, or inhalers)? Yes No
If yes, please list:

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3. Have you ever been allergy tested? Yes No
If yes, list any allergies:

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4. Have you ever had allergy desensitization injections? Yes No
If yes, when:

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5. Have you previously had allergic reactions to any laboratory animals? Yes No

If yes, a) list the specific animals that you have reacted to:

b) What was the reaction?

6. Do you have asthma? Yes No

If yes, what medications to you use for asthma?

7. Have you ever used or been required to have an EpiPen (epinephrine or adrenaline self-injector)? Yes No

If yes, please explain why

8. Do you have any medical concerns about contact with laboratory animals?

Yes No

If yes, please explain:

Signature _____ Date: _____