

**Occupational Health Program and Animal Research  
Risk Assessment/Health Screening Questionnaire**

Last Name First Name MI MSU ID #

Date of Birth Age Gender Telephone (cell) Email Address

Address City State Zip Code

Emergency Contact Relationship Contact Phone Number

College/School Department PI/Supervisor Name

**Vaccination History** (Provide dates [MM/YYYY] as accurately as possible)

Hepatitis A	<input type="text"/>	Hepatitis B	<input type="text"/>	MMR	<input type="text"/>	HIB (Hemophilus Influenza)	<input type="text"/>
Polio	<input type="text"/>	Tetanus, Diphtheria, and Pertussis (DPT)	<input type="text"/>	Tetanus	<input type="text"/>	Rabies	<input type="text"/>
Rubella	<input type="text"/>	Rubeola	<input type="text"/>	Mumps	<input type="text"/>	Meningitis	<input type="text"/>
Varicella (Chickenpox/ Shingles)	<input type="text"/>	PPD (TB test)	<input type="text"/>	PPD Result	<input type="text"/>		

**Work Exposure** (Please check yes or no)

Will you be or have you ever been exposed to the following:

Exposure	Yes No Exposure		Yes No Exposure		Yes No			
	Yes	No	Yes	No	Yes	No		
Formaldehyde	<input type="radio"/>	<input type="radio"/>	Amphibians	<input type="radio"/>	<input type="radio"/>	Racoons, squirrels, skunks	<input type="radio"/>	<input type="radio"/>
Infectious Agents	<input type="radio"/>	<input type="radio"/>	Birds	<input type="radio"/>	<input type="radio"/>	Insects	<input type="radio"/>	<input type="radio"/>
Anesthetic Agents	<input type="radio"/>	<input type="radio"/>	Pigs	<input type="radio"/>	<input type="radio"/>	Biological Toxins	<input type="radio"/>	<input type="radio"/>
Carcinogens	<input type="radio"/>	<input type="radio"/>	Rodents	<input type="radio"/>	<input type="radio"/>	Antineoplastic drugs	<input type="radio"/>	<input type="radio"/>
Heavy Metals	<input type="radio"/>	<input type="radio"/>	Reptiles: turtles, snakes, lizards	<input type="radio"/>	<input type="radio"/>	Highly Toxic Chemical	<input type="radio"/>	<input type="radio"/>
Lasers	<input type="radio"/>	<input type="radio"/>	Bats	<input type="radio"/>	<input type="radio"/>	Reproductive mutagens/ devices	<input type="radio"/>	<input type="radio"/>
Animal Waste	<input type="radio"/>	<input type="radio"/>	Fish	<input type="radio"/>	<input type="radio"/>	Radiation producing devices	<input type="radio"/>	<input type="radio"/>
Nonhuman primates	<input type="radio"/>	<input type="radio"/>	Rabbits	<input type="radio"/>	<input type="radio"/>	Needles, scalpels, sharps	<input type="radio"/>	<input type="radio"/>
Human/nonhuman blood, tissues, cells	<input type="radio"/>	<input type="radio"/>						

### Personal Protective Equipment Used:

Lab Coat	<input type="checkbox"/>	Gown	<input type="checkbox"/>	Goggles	<input type="checkbox"/>	Face Shield	<input type="checkbox"/>	Glasses	<input type="checkbox"/>
Mask or Respirator	<input type="checkbox"/>	Type:			Are you allergic to latex?				
Gloves	<input type="checkbox"/>	Type:							

### Allergy History (Please include research or nonresearch-related reactions.)

Have you ever had a life threatening allergic reaction?

If yes, what caused the reaction?

Have you ever had hives? Was it while working around animals?

Have you ever needed medication to treat an allergy or breathing problem?  Y  N

Are you concerned about having an allergic reaction when working with animals in the research labs?  Y  N

Are you allergic to any of the following?

Allergen	Yes	No	Allergen	Yes	No	Allergen	Yes	No
Dogs	<input type="radio"/>	<input type="radio"/>	Trees	<input type="radio"/>	<input type="radio"/>	Rats or mice	<input type="radio"/>	<input type="radio"/>
Rabbits	<input type="radio"/>	<input type="radio"/>	Chemicals	<input type="radio"/>	<input type="radio"/>	Mold	<input type="radio"/>	<input type="radio"/>
Farm Animals	<input type="radio"/>	<input type="radio"/>	Medications	<input type="radio"/>	<input type="radio"/>	Grasses	<input type="radio"/>	<input type="radio"/>
Sheep (wool)	<input type="radio"/>	<input type="radio"/>	Cats	<input type="radio"/>	<input type="radio"/>	Wood	<input type="radio"/>	<input type="radio"/>
Guinea Pigs	<input type="radio"/>	<input type="radio"/>	Swine	<input type="radio"/>	<input type="radio"/>	Latex	<input type="radio"/>	<input type="radio"/>
Weeds	<input type="radio"/>	<input type="radio"/>	Birds (feathers)	<input type="radio"/>	<input type="radio"/>	Foods	<input type="radio"/>	<input type="radio"/>
Bee Stings	<input type="radio"/>	<input type="radio"/>	Other:	<input type="text"/>				

If you answered yes on any allergen listed above, please check off any symptoms you experience when exposed and what medication you take, or use, to treat these allergies:

- |                                     |   |   |   |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> Runny Nose | <input type="checkbox"/> Itchy/Irritated Throat | <input type="checkbox"/> Wheezing         | <input type="checkbox"/> Eczema                     |
| <input type="checkbox"/> Itchy Eyes | <input type="checkbox"/> Coughing Spells        | <input type="checkbox"/> Hives/Itchy Skin | <input type="checkbox"/> Other <input type="text"/> |

### Health History

Do you have any of the following conditions? If so, please provide details of each condition:

Condition	Yes	No	Details
Asthma	<input type="radio"/>	<input type="radio"/>	
Compromised Immune System	<input type="radio"/>	<input type="radio"/>	
History of Cancer/Splenic Removal/Sickle Cell	<input type="radio"/>	<input type="radio"/>	
Eczema	<input type="radio"/>	<input type="radio"/>	
Tuberculosis	<input type="radio"/>	<input type="radio"/>	
Lung Disease	<input type="radio"/>	<input type="radio"/>	
Prior illness related to animal research	<input type="radio"/>	<input type="radio"/>	
Are you pregnant or plan on becoming pregnant?	<input type="radio"/>	<input type="radio"/>	
Other conditions that might create a risk to you not addressed here?	<input type="radio"/>	<input type="radio"/>	
Do you take medication everyday or as needed to treat a medical condition?	<input type="radio"/>	<input type="radio"/>	

Is there any additional health information that we should be aware of in order to make a comprehensive assessment of your risk factors while participating in the Occupational Health and Animal Research Program? If so, please explain:

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All information on this form will be kept confidential and only viewed by the health care provider of the Occupational Health Program who conducts the risk assessment and health screening review. That provider may have the need to contact you to clarify information provided by you. The outcome of this review may require that you obtain further medical evaluation and/or vaccinations in order to ensure your safety when working in the animal research program.

My signature below acknowledges that the information I have provided is accurate and permission is granted for the Occupational Health Program to conduct the risk assessment and health screening review so that I may participate in the Montclair State University Animal Research Program.

**Date**

**Signature (please print and sign)**

*Submission Instructions:*

*An original copy of this form should be submitted in a sealed envelope within an interoffice mail envelope to Dr. Gregg Summerville, School of Nursing, Room 333.*