Periodic Animal Contact Health Survey

Boise State University
Office of Research Compliance
1910 University Drive, MS 1138
Boise, Idaho 83725-1138

Identification Information:
Please provide the following information (all is required except e-mail*):

Name:  
Employee/Student ID Number: Date of Birth: 

Status:  
Student: Research Staff: Staff: Faculty: Other: 

Supervisor:  
Primary Office/Bldg. Room No.: 
Home Dept./School:  
Departmental Phone:  
Research Lab/Site: Room No.: 
Dept. Sponsoring Research Activity:  
Research Lab/Site Phone:  

Participation in the Periodic Animal Contact Health Survey

☐ I wish to participate in the periodic animal contact health survey to allow additional risk assessment to be performed. This information will be kept strictly confidential by the Health Services provider who may contact me to discuss my individual risk assessment.

☐ I have been advised that it is recommended that I participate in the periodic animal contact health survey, but I have Voluntarily decided NOT to participate.

Signature: Date:  

St. Luke’s Use ONLY

Received Health Services: (Initials) (Date)
Reviewed by: (Initials) (Date)
Please all that apply:

Section 1: Personal History

1. Past Medical History
   - No history of medical problems, surgery, or hospitalizations
   - Diabetes
   - Hypertension
   - Lung Disease
   - Allergies to Animals
   - Cancer
   - Seizures
   - Allergic Rhinitis (running nose, sneezing, etc.)
   - Atopic Dermatitis (allergic skin diseases)
   - Asthma
   - Allergies to plants or other materials
   - Have you had surgery? (check those that apply)
     - Appendectomy
     - Tonsillectomy
     - Heart surgery
     - Gallbladder
     - Hysterectomy
     - Spleen removed
     - Other:

2. Are you currently under the care of a physician for any medical condition:
   - Yes
   - No
   *If yes, Please describe:

3. Are you having trouble with your eyes during research activities involving animals?
   - Yes
   - No
   *If yes, Please describe:

4. Do you currently have any illnesses that compromise your immune system that would make you more prone to diseases during research activities involving animals?
   - Yes
   - No
   *If yes, Please describe:
5. Are you taking any medications, such as chemotherapy, which reduce the effectiveness of your immune system?
   ○ Yes   ○ No
   *If yes, Please describe:*

6. Do you have any environmental allergies such as foods, plants, or animals?
   ○ Yes   ○ No
   *If yes, Please describe:*

7. Are you allergic to any medications or drugs?
   ○ Yes   ○ No
   *If yes, Please describe:*

8. Do you require medication for allergies such as running nose, sneezing, itchy eyes, or asthma?
   ○ Yes   ○ No
   *If yes, Please describe:*

9. Do you have animals at home?
   ○ Yes   ○ No
   *If yes, Indicate types:*

<table>
<thead>
<tr>
<th>Species</th>
<th>Mice</th>
<th>Rats</th>
<th>Birds</th>
<th>Hamsters</th>
<th>Rats</th>
<th>Fish</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Species</th>
<th>Rats</th>
<th>Birds</th>
<th>Hamsters</th>
<th>Dogs</th>
<th>Gerbils</th>
<th>Other:</th>
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</thead>
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10. Do you have any specific allergies to animal dander or protein?
    ○ Yes   ○ No
    *If yes, please indicate which animals and the type of allergic reaction you are having:*

    | Species          | Type of Reaction |
    |------------------|------------------|
    | Mice             | ○ Rash ○ Wheezing ○ Itching ○ Tearing ○ Other |
    | Rats             | ○ Rash ○ Wheezing ○ Itching ○ Tearing ○ Other |
    | Birds            | ○ Rash ○ Wheezing ○ Itching ○ Tearing ○ Other |
    | Hamsters         | ○ Rash ○ Wheezing ○ Itching ○ Tearing ○ Other |
    | Dogs             | ○ Rash ○ Wheezing ○ Itching ○ Tearing ○ Other |
    | Cats             | ○ Rash ○ Wheezing ○ Itching ○ Tearing ○ Other |
    | Guinea pigs      | ○ Rash ○ Wheezing ○ Itching ○ Tearing ○ Other |
    | Fish             | ○ Rash ○ Wheezing ○ Itching ○ Tearing ○ Other |
    | Other:           | ○ Rash ○ Wheezing ○ Itching ○ Tearing ○ Other |
11. Please List all medications including the dosages that you are currently taking:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Notes</th>
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</tbody>
</table>

12. Do you currently or have you required specialized accommodations (masks, ventilators, hoods) in order to work with animals or other activity?
   ○ Yes          ○ No
   *If yes, Please describe:

13. Do you use or have you used tobacco products?
   ○ Yes          ○ No
   *If yes, Please describe:
   ○ Smoke cigarettes          ○ Smoke pipe          ○ Chew tobacco products
   ○ Amount per day: __________________________
   ○ Smoked cigarettes or used other tobacco products in the past          ○ Year quit: __________

14. Do you regularly see a physician or other healthcare provider for any health problem?
   ○ Yes          ○ No          ○ Name of provider: __________________________
   *If yes, Please describe:

15. In the past year, have you had any NEW medical problems?
   ○ Yes          ○ No
   *If yes, Please describe:

16. Do you use or collect wild type mammals, birds, amphibians, or reptiles (e.g. field studies)?
   ○ Yes          ○ No
   *If yes, Please describe:

17. When was your last tetanus shot?
   ○ Within the last ten years
   ○ More than 10 years ago

18. Do you believe that you have become allergic to any animal that you use in your research?
   ○ Yes          ○ No
   *If yes, please indicate which animals and the type of allergic reaction you are having:
You may review the following questions with your supervisor to determine the most appropriate answer and to determine whether or not some situations may change in the near future.

19. Describe the type and extent of animal contact that you currently have or anticipate to have within the next 12 months:

<table>
<thead>
<tr>
<th>Animal Species</th>
<th>Contact Hours/Month</th>
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<tbody>
<tr>
<td></td>
<td>Less than 5</td>
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<tr>
<td>Mice</td>
<td>○</td>
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<tr>
<td>Rat</td>
<td>○</td>
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<tr>
<td>Birds</td>
<td>○</td>
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<tr>
<td>Hamsters</td>
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<tr>
<td>Rabbits</td>
<td>○</td>
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<tr>
<td>Dogs</td>
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<tr>
<td>Cats</td>
<td>○</td>
</tr>
<tr>
<td>Bat</td>
<td>○</td>
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<tr>
<td>Guinea pigs</td>
<td>○</td>
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<tr>
<td>Fish</td>
<td>○</td>
</tr>
<tr>
<td>Reptiles</td>
<td>○</td>
</tr>
<tr>
<td>Amphibians</td>
<td>○</td>
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<tr>
<td>Other:</td>
<td>○</td>
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</tbody>
</table>

20. During research activities involving animals, do you use organic solvents such as benzene, chloroform, toluene, methylene chloride, formalin, or other organic solvents?
   ○ Yes      ○ No
   *If yes, Please describe:*

21. During research activities involving animals, do you use dust masks or respirators routinely?
   ○ Yes      ○ No
   *If yes, Please describe:*

22. During research activities involving animals, do you use anesthetic gases such as flurane, isoflurane, nitrous oxide, metafane, halothane, ether, or other anesthetic gases?
   ○ Yes      ○ No
   *If yes, Please describe:*
23. Please list any biological agents that you are currently using in conjunction with research activities involving animals (including the genus and species if appropriate).

- Viruses
  Types:
- Fungi
  Types:
- Bacteria
  Types:
- Protozoa
  Types:
- Other
  Types:

24. Do you use human tissue or body fluids in research involving animals?
   - Yes
   - No

*If yes, Please describe:*

**Comments or Suggestions:**

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I have truthfully answered the questions to the best of my abilities.

______________________________  ____________________
Signature                      Date signed

Thank you for completing this health survey. After your health survey has been reviewed, you will receive a copy of the medical clearance form.

Please sign the survey and call St. Luke’s Travel Medicine and Immunization Clinic (706-7200) for an appointment. The signed survey must be presented to the St. Luke’s provider at the time of the appointment. St. Luke’s Travel Medicine and Immunization Clinic location:

520 S. Eagle Rd.
Suite 1239
Meridian, ID 83642
Phone: (208) 706-7200