



CSUF Animal Handler Medical Questionnaire

Name: _____ CWID: _____

Email: _____ Phone Number: _____

Position: _____ Department: _____

PI/Supervisor Name: _____

PI/Supervisor Phone Number: _____

This questionnaire is to be filled out by applicant/animal handler and will be reviewed by the University's contracted Occupational Health Provider. **To maintain your confidentiality, your PI/Supervisor cannot look at or review your answers to this questionnaire. Completed questionnaire is to be placed in a sealed envelope and marked with the following information:

- Your name
- "Confidential - Animal Handler Medical Questionnaire"

Send completed questionnaire to EHS Office, T-1475 via one of the following methods:

- Hand deliver to office or place in afterhours mail box adjacent to front door
- Send through intra-campus mail
- Mail through the United States Postal Service

NOTE: MEDICAL QUESTIONNAIRES CANNOT BE EMAILED TO EHS UNDER ANY CIRCUMSTANCE AS THIS IS NOT A SECURE SYSTEM.

Y N 1. Have you ever experienced any animal-related health problems?

Describe (e.g., date, problem, species):

2. Provide list of prior jobs that required handling of animals, including species involved and a brief description of activities:

Y N 3. Have you ever been bitten by an animal, including at work, that broke the skin?

List animal(s) and if wound became infected:

Y N 4. Do you have any contact with animals outside of work (e.g., pets, wild animals, farm animals)?

List the types of animal(s):

5. Do you currently have any of the following symptoms?

Y N Itchy eyes	Y N Wheezing	Y N Chest tightness
Y N Coughing	Y N Runny nose	Y N Skin rash

Y N 6. Do you currently or have you ever smoked/vaped?

For how long? _____

How many packs per day do/have you smoke(d)? _____ When did you quit? _____

7. Immunization History – **List year. (Respond N/A if not applicable)**

Tetanus, Year: _____ Hepatitis A, Year: _____ Hepatitis B, Year: _____

8. Do you or have you ever had:

- | | | |
|-----------------------------|---------------------------------|------------------|
| Y N Tuberculosis | Y N Hay Fever | Y N Asthma |
| Y N Medication Allergy | Y N Animal/Plant Allergy | Y N Food Allergy |
| Y N Skin test for allergies | Y N Hepatitis: A / B / C | |

Y N 9. Do you have any chronic illnesses (e.g., high blood pressure, diabetes)?

List: _____

Y N 10. Are you currently taking any prescription or over-the-counter medicines?

List: _____

Y N 11. Are you pregnant or planning to become pregnant this academic year?

I have answered the question on this form truthfully and to the best of my recollection.

Signature: _____

Today's Date: _____

For Office Use Only:

Cleared to Handle Animals

Patient will Require Physical Exam for Clearance

Medical Provider Signature: _____ Today's Date: _____

Print Name: _____