

Morehead State University Periodic Animal Contact Health Assessment

For Questions Contact:

Your advisor or MSU Counseling and Health Services, 606-783-2055

Identification Information:

Please provide the following information (completely):

Name: _____
First
Middle
Last

MSU ID Number: _____ Date of Birth: _____

Status: Student: _____ Resident/Fellow: _____ Staff: _____ Faculty: _____ Other: _____

Email: _____

Campus Address: _____ Phone #: _____

Work Site: _____ Supervisor: _____

Participation In the Periodic Animal Contact Health Assessment

_____(initials) I wish to participate in the periodic animal contact health survey to allow additional risk assessment to be performed. I understand that, upon my consent, select answers may be shared with the Office of Environmental Health and Safety for the purpose of identifying and controlling potential exposures. Otherwise, this information will be kept strictly confidential by the MSU Counseling and Health Services (CHS) provider, who may contact me to discuss my individual risk.

_____(initials) I have been advised that it is recommended that I participate in the periodic animal contact health survey, but I have decided NOT to participate.

Signature: _____ Date: _____

Health Services Office Use ONLY

Received Health Services: _____ (Initials) Date: _____

Reviewed by: _____ (Initials) Date: _____

Patient Name: _____ Date of Birth: _____

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Please select one: *Initial Assessment* *Periodic/follow-up Assessment*

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 (skin allergies)
- Asthma
- Allergies to plants or other materials
- Have you had surgery? (circle all that apply)
 - Appendectomy
 - Tonsillectomy
 - Heart Surgery
 - Gallbladder
 - Hysterectomy
 - Spleen Removed
 - Other: _____
- Other medical conditions: _____

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 activities involving animals in the workplace and/or educational setting?

Yes No

If yes, please describe:

4. Do you currently have any illnesses that compromise your immune system making you more prone to diseases during activities involving animals in the workplace and or educational setting?

Yes No

If yes, please describe:

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5. Are you taking any medication, such as chemotherapy which may 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

9. Do you have animals at home?

Yes No

If yes, indicate types:

- Mice
- Rats
- Gerbils
- Hamsters
- Rabbits
- Dogs
- Cats
- Cows
- Horses
- Sheep
- Guinea pigs
- Primates
- Fish
- Pigs
- Other: _____

10. Do you have any specific allergies to animal dander or protein?

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Yes No

If yes, indicate types: (please circle)

Species:	Type of Reaction:				
Mice	Rash	Wheezing	Itching	Tearing	Other _____
Rats	Rash	Wheezing	Itching	Tearing	Other _____
Gerbils	Rash	Wheezing	Itching	Tearing	Other _____
Tree Shrews	Rash	Wheezing	Itching	Tearing	Other _____
Hamsters	Rash	Wheezing	Itching	Tearing	Other _____
Rabbits	Rash	Wheezing	Itching	Tearing	Other _____
Dogs	Rash	Wheezing	Itching	Tearing	Other _____
Cats	Rash	Wheezing	Itching	Tearing	Other _____
Cows	Rash	Wheezing	Itching	Tearing	Other _____
Goats	Rash	Wheezing	Itching	Tearing	Other _____
Sheep	Rash	Wheezing	Itching	Tearing	Other _____
Guinea pigs	Rash	Wheezing	Itching	Tearing	Other _____
Pigs	Rash	Wheezing	Itching	Tearing	Other _____
Fish	Rash	Wheezing	Itching	Tearing	Other _____
Other	Rash	Wheezing	Itching	Tearing	Other _____

11. Please list *all* medications including dosages that you are currently taking:

Medication	Dosage	Frequency	Notes

12. Have you or do you currently require specialized accommodations (masks, ventilators, hoods) in order to work with animals in the workplace and/or educational setting?

Yes No

If yes, please describe:

13. Do you use or have you used tobacco products?

Yes No

If yes, please describe:

14. Do you regularly see a physician of other healthcare provider for any health problem?

Yes No

If yes, please describe:

15. In the past year, have you had any new medical problems?

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Yes No

If yes, please describe:

16. Do you come in contact with or collect wild mammals in the workplace and/or educational setting (e.g. field studies)?

Yes No

If yes, please describe:

17. When was your last tetanus shot?

Within the last 10 years

More than 10 years ago

18. Do you believe you have become more allergic to any animals that you have come into contact with in the workplace and/or educational setting?

Yes No

If yes, please indicate which animals and the type of allergic reaction you are having:

19. Describe the type and extent of animal contact that you have currently in the workplace and/or educational setting:

Animal Species	Less than 5 Hours/Months	Between 5 and 20 Hours/Months	More than 20 Hours/Months
Mice			
Rats			
Gerbils			
Hamsters			
Rabbits			
Guinea Pigs			
Dogs			
Cats			
Cows			
Goats			
Sheep			
Pigs			
Fish			
Frogs			
Reptiles			
Other			

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20. Do you work with pregnant sheep or goats in the workplace and/or educational setting?

Yes No

21. During activities involving animals in the workplace and/or educational setting do you use organic solvents such as benzene, chloroform, toluene, methylene chloride, formalin, or other organic solvents?

Yes No

If yes, please describe:

22. During activities involving animals in the workplace and/or educational setting do you use dust masks or respirators routinely?

Yes No

If yes, please describe:

23. During activities involving animals in the workplace and/or educational setting, do you use anesthetic gases such as flurane, isoflurane, nitrous oxide, metaflane, halothane, ether, or other anesthetic gases?

Yes No

If yes, please describe:

24. Do you use human tissue or body fluids in activities involving animals in the workplace and/or educational setting?

Yes No

If yes, please describe:

25. Please list any biological agents that you are currently using in conjunction with activities involving animals in the workplace and/or educational setting (including the genus and species if appropriate)?

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

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COMMENTS OR SUGGESTIONS:

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

Signature

Date

Thank you for completing this health assessment. Please verify that your name and date of birth are written on the bottom of each page. After your health assessment has been reviewed by HS, you will receive written health risk assessment based on your type of exposure.

In the event the assessment is not performed at MSU Health Services, please upload the assessment to the Online Student Health Website @ <http://www.moreheadstate.edu/chs/>. Documents may be uploaded via scanners located in the Camden Carroll Library, that are available for public use.

Please direct questions to:

MSU Counseling & Health Services or
c/o Dr. Shannon Smith-Stephens
112 Allie Young Hall
Morehead State University
Morehead, KY 40351

Office of Research & Sponsored Programs
c/o Dr. Scott Niles
901 Ginger Hall
Morehead State University
Morehead, KY 40351

Individual Risk Management Recommendations:

Provider: please include recommendations on animal species contact, PPE, chemical hazards, ergonomic hazards, medical accommodations and other recommendations.

Medical Provider Signature: _____ Date: _____

Patient Name: _____ Date of Birth: _____

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