

**MEDICAL MONITORING FORM FOR THOSE WORKING WITH ANIMALS  
(CONFIDENTIAL)**

Animal Use and Allergy Questionnaire (Confidential)

Name: \_\_\_\_\_ Date: [Click here to enter a date.](#)  
 Lab/Department: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Supervisor/PI: \_\_\_\_\_ Email: \_\_\_\_\_  
 Billing Account Number: \_\_\_\_\_

Describe your duties as it involves your potential exposure to animals:

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Status:  PI     Post Doc Researcher     Graduate Researcher/Student     Vivarium Employee     Facilities/NSU Staff

1. Laboratory Animal Use *Check the box that best describes your status (check all that apply)*

- I enter the vivarium to perform maintenance or service work.
- I am involved with research of animals or animal tissues.
- I am involved with veterinary care or animal husbandry.
- I am listed on an animal protocol but will not be working with or around animals and do not enter the vivarium space. (If checked, stop here and return form to EHS).

2. Animal/Tissues/Body Fluids (check all that apply):

	Daily	1-4 x/week	1-3 x/month	Infrequent < 11 times/year
<input type="checkbox"/> Mice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Guinea Pig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>			<input type="checkbox"/>

3. Describe the potentially hazardous materials that may be used in conjunction with your animal work.

**Infectious Agent (including human blood, tissues, cell lines, virus)**  Yes     No

If yes, please list: \_\_\_\_\_

**Anti-neoplastic agents (chemotherapy)**  Yes     No

If yes, please list: \_\_\_\_\_

**Other hazardous chemicals**  Yes     No

If yes, please list: \_\_\_\_\_

**Health History**

4. Do you have allergies or asthma?  Yes     No

**If YES, what triggers your symptoms?**

**What symptoms do you get?**

**Check all that apply:**

<input type="checkbox"/> Pollen or plants <input type="checkbox"/> Animals _____ <input type="checkbox"/> Something at work <input type="checkbox"/> Foods <input type="checkbox"/> Medications <input type="checkbox"/> Latex <input type="checkbox"/> I'm not sure	<input type="checkbox"/> Skin rash or hives <input type="checkbox"/> Watery or itchy or red eyes <input type="checkbox"/> Runny nose or sinus congestion <input type="checkbox"/> Wheezing or chest tightness <input type="checkbox"/> Shortness of breath or difficulty breathing <input type="checkbox"/> Other	<input type="checkbox"/> Taking prescription medications <input type="checkbox"/> Frequent colds, sinusitis or bronchitis <input type="checkbox"/> Any form of lung disease <input type="checkbox"/> Smoker <input type="checkbox"/> Use an inhaler
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5. List treatment you receive to relieve your allergies to animals. \_\_\_\_\_

6. Have you been seen by a physician for allergy symptoms or asthma specifically related to animals that you currently work with?  
 Yes  No Please explain: \_\_\_\_\_

**Do you wear a respirator at work?**

- Yes, a surgical/nuisance dust mask
- Yes, a fitted N95 or full/half-face respirator/PAPR
- No, I don't wear a respirator

*If you feel you need to wear a respirator, or if you are due to renew your annual fit testing, contact EHS, [EHS@nova.edu](mailto:EHS@nova.edu)*

**Other Health Concerns**

*Certain pre-existing medical conditions can place an individual at greater risk of injury or illness in the animal care setting. Disclosure is not required; however, you may want to exclude yourself from working in an animal environment if you believe you may be at risk. Consult with your physician if you think you have any of the following or other conditions that may impair your immune system.*

- Congenital immunodeficiency
- Acquired immunodeficiency
- Cancer
- Pregnancy
- Tuberculosis
- Immunosuppressive drug therapy
- Allergic condition
- Organ or tissue transplant recipient

7. Do you have an immune-compromising medical condition or are you taking medication that may impair your immune system?  
 Yes  No

8. Have you had? **Date Received**  
Tetanus Immunization  Yes  No \_\_\_\_\_

9. Do you have any concerns that you would like to discuss confidentially with Occupational Health medical provider or your own personal physician about workplace issues that you feel may affect your health?  Yes  No

Please explain if yes \_\_\_\_\_

**This form can be completed by:**

- A primary care physician, or
- NSU Student Medical Center | Ziff Building (954) 262-1262, or
- NSU Employee Health Center | Ziff Building (954) 262-1860, or
- UrgentMed – **NOTE!** If using UrgentMed, they charge \$20 and the individual is responsible for the fee at the time of drop off.

UrgentMed  
2337 South University Drive Davie, FL 33324  
Phone: (954) 423-9234

~~~~~**UPLOAD ONLY THIS SECTION TO CAMPUSOPTICS**~~~~~

Patient Name: \_\_\_\_\_

NSU N Number: \_\_\_\_\_

Employees Must Provide NSU Account Number: \_\_\_\_\_

Physician or other licensed health care professional (PLHCP) Statement:

\_\_\_\_ No Restrictions                      \_\_\_\_ Specific Restrictions                      \_\_\_\_ NOT CLEARED

Physician Recommendations: \_\_\_\_\_

\_\_\_\_\_

Physician or other licensed health care professional (PLHCP) Signature:

\_\_\_\_\_ Date \_\_\_\_\_

**Upload ONLY THIS PAGE TO CampusOptics | DO NOT EMAIL PERSONAL INFORMATION**

For questions contact Beth Welmaker, Executive Director of EHS. (P) 954.262.8847

Or email: ewelmaker@nova.edu

**ONLY RETURN THIS PAGE! DO NOT EMAIL PERSONAL INFORMATION**

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