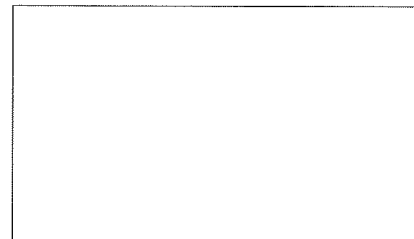


**Student Health Center**  
**Vanderbilt University Medical Center**  
 Animal Allergy Questionnaire  
 Patient Completed Information



Vanderbilt Student Health Center  
 Campus Mail: Zerfoss Building, Station 17, (8710)  
 Secure fax: (615) 343-0047

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: (Last, First) \_\_\_\_\_

Department: \_\_\_\_\_

Emp ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone number (work): \_\_\_\_\_

- Veterinarian     Animal Care Tech     Graduate Student Worker     Undergraduate Student Worker  
 Principal Investigator     Other Research Staff     DAC Office Administration

List all animal species you worked with during the past year. If you are just starting to work with animals, list the species you plant to work with (Check all that apply!)

- Rodents     Macaques     Other Primates     Bats     Dogs     Sheep     Other \_\_\_\_\_

NOTE: If you do not work directly with live animals, but DO enter animal housing facilities or work with animal tissue, please list the type of animal: \_\_\_\_\_

If you do not currently work with animals, did you work with animals/animal tissues in the past?  Yes  No  
 (We will verify with IACUC that you no longer need to complete as survey. In the mean time, please sign a declination form)

Hours per week exposed to lab animals: \_\_\_\_\_

Animals you have at home: \_\_\_\_\_

Are you allergic to any drugs, foods, animals, pollens, molds, or other environmental agents?  Yes  No

If yes, Please list you allergies: \_\_\_\_\_

How often do you experience any of the following symptoms *when you are around animals at work?*

	Never	Once a week or less	More than once a week
Wheezing	(0)	(2)	(2)
Shortness of breath	(0)	(2)	(2)
Chest tightness	(0)	(2)	(2)
Skin rash	(0)	(2)	(2)
Sneezing	(0)	(0)	(2)
Itchy eyes	(0)	(0)	(2)
Watery eyes	(0)	(0)	(2)
Runny Nose	(0)	(0)	(2)
Coughing	(0)	(0)	(2)

Do you wear an N-95 respirator (TB mask) to control your allergy symptoms?  Yes  No

Yes I have read the required information "Allergies to Animals" on the VOHC website at

<http://occupationalhealth.vanderbilt.edu/article/animal-allergies>

I verify that the above information is accurate to the best of my knowledge.

Patient/Legal Representative Print Name: \_\_\_\_\_

Patient/Legal Representative Signature: \_\_\_\_\_

Relation: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

For SHC use only: Highest Score \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

VANDERBILT  UNIVERSITY

**Institutional Animal Care and Use Committee (IACUC)**

**Occupational Health Compliance Verification Form**

For use by VU/VUMC students, post-docs, and Educational Program Participants, & non-affiliated personnel.  
*VU/VUMC Employees **must** visit the Vanderbilt Occupational Health Clinic.*

Vanderbilt University is committed to the health and well-being of its students and visitors. The Institutional Animal Care and Use Committee therefore promotes an Occupational Health policy designed to protect individuals (including visitors) that have occupational exposure to animals. This includes direct or indirect work/exposure with live animals in research/teaching projects, contact with unsanitized animal enclosures, work with animal tissues, fluids, and/or wastes, or entrance into animal facilities to provide service or support to animal equipment, devices, and/or facilities.

Individuals must assure compliance with Vanderbilt University requirements by completing this form via their home institution, their personal primary care provider, or – with prior approval from their host department – the Vanderbilt Occupational Health Clinic.

Today's Date: \_\_\_\_\_

Individual will be working with:

Individual's Name: \_\_\_\_\_

Non-Human Primates

Phone Number: \_\_\_\_\_

Sheep and/or Goats

Department/Program: \_\_\_\_\_

Rodents, Dogs, Cats, Ferrets,  
and/or Rabbits

Principal Investigator: \_\_\_\_\_

Other: \_\_\_\_\_

***To be completed by medical professional providing screening:***

Date of compliance screening: \_\_\_\_\_

Animal Allergen Compliant (required for individuals who will work with any species except fish, reptiles, amphibians and other cold-blooded animals)

TB Compliant (required for individuals who will be exposed to any non-human primate)

Herpes B Compliant (required for individuals who will be handling macaques or their tissues)

Q-Fever Compliant (required for individuals who will be exposed to sheep and goats or their tissues)

Rabies Compliant (required for individuals who will be exposed to bats or weasels)

By signing this form, both the individual and medical professional are providing the Vanderbilt Institutional Animal Care and Use Committee with assurance that the individual is compliant with the Animal Care Medical Surveillance program as indicated above.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Signature of Medical Professional Providing Screening

Please return the completed form to the Office of Animal Welfare Assurance  
1161 21<sup>st</sup> Avenue South, Medical Center North S-4322, Nashville, TN 37232-2112

Email: [iacuc.submissions@vanderbilt.edu](mailto:iacuc.submissions@vanderbilt.edu) Fax: 615-936-8160

*Do not submit medical documentation to OAWA or Vanderbilt Occupational Health.*

*Keep documentation of the exam in the personal medical records as appropriate.*

**If you have any questions, please call the OAWA Office at 615-936-8163.**