**Research and Economic Development – Office of Research Integrity Institutional Animal Care and Use Committee**

**Animal Handlers & Users Medical Questionnaire**

***(Occupational Health Program (OHP))***

This CONFIDENTIAL medical history form must be completed on initial enrollment and yearly thereafter as part of UCR’s Occupational Health Program.

A $30 fee will be assessed for each enrollment. Please answer all questions completely.

For further assistance, please email iacuctraining@ucr.edu.

|  |  |
| --- | --- |
| Name | Role |
| Click here to enter text. |  |
| Student/Employee ID (Not Social Security Number) |  |
| Click here to enter text. |  |
| Phone# | Email |
| Click here to enter text. | Click here to enter text. |
| PI Name | AUP # |
| Click here to enter text. | Click here to enter text. |

***Return completed form to:***

*UCR Office of Research Integrity University Office Building, Room 249 (upstairs)*

***or*** *i**acuctraining@ucr.edu*

***or*** *(951) 827-4819 (fax)*

Note: This form may be submitted as an email attachment. Please be aware that email is not secure and you are transmitting medical information.

|  |  |  |
| --- | --- | --- |
| Name | Date of Birth | Gender |
| Click here to enter text. | Click here to enter text. |  |
| Are you involved with research with animals or animal tissues? |
|  | List what animal species or type(s) of tissue: |
| Click here to enter text. |
| Exposure time to animal(s) or tissues per day and/or week: |
| Click here to enter text. |
| Do you work with carcinogens, any other toxic hazardous substances, or animals to which carcinogens or toxic substances have been administered? |
|  | If yes, list what type:  |
| Click here to enter text. |
| Do you have any contact with animals outside of work? |
|  | List animal(s):  |
| Click here to enter text. |
| Do you currently have any of the following symptoms: |
|

|  |  |  |
| --- | --- | --- |
|  Itchy Eyes |  Wheezing |  Chest Tightness |
|  Coughing |  Runny Nose |  Skin Rash |

 |
| Immunization history: |
| Tetanus | Date: Click here to enter text. | Rabies(Only reqd. for handling of bats.) | Date: Click here to enter text. |
| Do you or have you ever had: |
| Medication allergy/sensitivity:Click here to enter text. |
| Food allergy/sensitivity:Click here to enter text. |
| Insect / animal / plant allergies:Click here to enter text. |
| Skin tests for allergies; result:Click here to enter text. |
| Tuberculosis: Click here to enter text. |
| Hay fever: Click here to enter text. |
| Asthma: Click here to enter text. |
| Are you currently taking any prescription or over-the-counter medicines? |
| List: Click here to enter text. |
| Are you pregnant or planning to become pregnant this academic school year? |  |
| Do you have any diseases causing immune suppression that you would like to discuss with the Occupational Health Clinician? |  |
| Do you have any health or workplace concerns not covered by this questionnaire that you feel may affect your occupational health and would like to confidentially discuss with the Occupational Health clinicians or your personal care physician? |  |