

2. CONTACT WITH ANIMALS (If contact is ONLY with unfixed animal tissues, blood, or body fluids, skip this Section and go to Section 3)

a. Work Location

Room/Building		Department	
Principal Investigator		PI's Extension	

b. Animals with which you will have contact (Check all categories that apply)

Category 1 <input type="checkbox"/>	<p><i>Animals in this category may include:</i> Fish, reptiles or amphibians.</p> <p><i>Associated risks:</i> Potential for cuts, bites and scratches from the animal or trapping/housing apparatus.</p> <p><i>Medical requirements:</i> Tetanus immunization.</p> <p>Frequency of contact: <input type="checkbox"/> 1-3 times/day <input type="checkbox"/> 1-3 times/week <input type="checkbox"/> less often</p> <p>Place of contact: <input type="checkbox"/> Open air environment <input type="checkbox"/> Closed facility/caged</p>
Category 2 <input type="checkbox"/>	<p><i>Animals in this category may include:</i> Rats, mice, guinea pigs, hamsters, gerbils, other rodents, rabbits, birds.</p> <p><i>Associated risks:</i> Some potential for risk of injury from bites and scratches, zoonotic disease, allergies.</p> <p><i>Medical requirements:</i> History and physical exam, allergy evaluation and education, tetanus immunization.</p> <p>Frequency of contact: <input type="checkbox"/> 1-3 times/day <input type="checkbox"/> 1-3 times/week <input type="checkbox"/> less often</p> <p>Place of contact: <input type="checkbox"/> Open air environment <input type="checkbox"/> Closed facility/caged</p>
Category 3 <input type="checkbox"/>	<p><i>Animals in this category may include:</i> Sheep, cattle, horses, goats, other farm animals, deer, wild rabbits, feral animals as well as unvaccinated dogs and cats. Please circle/indicate all animals with which you will be working.</p> <p><i>Associated risks:</i> Significant potential for injury from bites and scratches, kicks and crushing, zoonotic disease, allergies.</p> <p><i>Medical requirements:</i> History and physical exam, tetanus immunization.*</p> <p>Frequency of contact: <input type="checkbox"/> 1-3 times/day <input type="checkbox"/> 1-3 times/week <input type="checkbox"/> less often</p> <p>Place of contact: <input type="checkbox"/> Open air environment <input type="checkbox"/> Closed facility/caged</p> <p>What is your risk of exposure to rabies? <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p> <p>(*It is strongly recommended that all persons having contact with live raccoons, skunks, bats, fox or those animals' tissues in an unfixed state undergo the rabies vaccination process. This is based on the local statistics, which reveals these species to be the most likely to carry the rabies virus.)</p>

3. CONTACT WITH UNFIXED ANIMAL TISSUES, BLOOD, OR OTHER BODY FLUIDS (If contact is ONLY with animals, skip this Section and go to Section 4)

a. Work Location

Room/Building		Department	
Principal Investigator		PI's Extension	
How often will you handle unfixed tissues/blood/body fluids?	<input type="checkbox"/> 1-3 times/day <input type="checkbox"/> 1-3 times/week <input type="checkbox"/> less often		
Where will you handle the unfixed tissues/blood/body fluids?	<input type="checkbox"/> Open air environment <input type="checkbox"/> Closed facility		

4. HANDLER HISTORY (Feel free to attach a separate sheet to explain items checked in this Section, or if you wish to make the physician aware of any concerns or problems in regard to your contact with animals.)

a. Do you experience any of the following when you work with/are exposed to animals? (Check all that apply)

<input type="checkbox"/> Watery, burning, itchy eyes	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Chest tightness
<input type="checkbox"/> Nasal dripping	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Rash
<input type="checkbox"/> Sneezing	<input type="checkbox"/> Coughing	<input type="checkbox"/> Hives

b. Have you ever been diagnosed or otherwise identified as having any of the following? (Check all that apply)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Immune Deficiency (Please list any medications you are taking that suppress your immune system, such as Prednisone or Azathioprine). <i>Medication:</i> <i>Medication:</i> Note: If you become pregnant and you are handling animals, you should contact your health care provider to discuss any concerns.
<input type="checkbox"/> Allergic Rhinitis	
<input type="checkbox"/> Allergic Conjunctivitis	
<input type="checkbox"/> Hay Fever	
<input type="checkbox"/> Animal Allergy (any kind)	
<input type="checkbox"/> Positive Allergy Skin Test	
<input type="checkbox"/> Latex Product Allergy	
<input type="checkbox"/> Family History of Asthma or Allergy	
<input type="checkbox"/> Heart Valve Disease or Defect	

c. When were you last vaccinated or tested for the following? (A valid date [MM/YY] must be provided for Tetanus; if not, you will be required to get this vaccine.)

Tetanus	
Have you had the rabies vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? (MM/YY) Titer date/result?

Signature of Person
 Completing this
 Questionnaire _____ Date _____

Thank you for completing this questionnaire. Please return the completed form to

**Dr. Gladi Porsche, MD
 University of New Hampshire
 Health Services
 12 Ballard Street
 Durham, NH 03824**

For Office Use Only:

Reviewed by _____ Date _____
 Follow-up needed? No Yes _____
 Follow-up performed by _____ Date _____