

CONFIDENTIAL Medical History Questionnaire

Rutgers, The State University of New Jersey
Occupational Health Department
Hurtado Health Center, 11 Bishop Place, New Brunswick, NJ 08901
Tel.: 732-932-8254 x 221 Fax: 732-932-7199

Medical History for Personnel Who Will Be in Contact with Animals

The purpose of this questionnaire is to identify any medical conditions, which might affect your ability to work safely with animals. All responses are confidential and available only to medical staff at the Occupational Health Department (OHD).

Name: _____ Date: _____
Campus: _____ Social Security No.: _____
Department: _____ (For use by OHD only)
Supervisor/Instructor: _____

Faculty, Staff, or Graduate Student Title: _____
 Undergraduate Student Year of Graduation: _____
Previous Medical Clearance? YES - STOP here and return form to OHD
NO - COMPLETE remainder of the form

Animals Exposed to: _____
E-Mail: _____ Work Phone: _____ Home Phone: _____

How and where do you prefer to be contacted if it is necessary for an Occupational Health nurse or physician to contact you for follow up: E-Mail Home Phone Work Phone

Please answer the following questions, sign and date the form, then send directly to Occupational Health Department If you answer "yes" to any question, or if your last tetanus booster was more than 10 years ago, please contact OHD to review your medical history or to obtain a free tetanus booster. This is critical to expediting your medical clearance.

- YES NO 1. Was your last tetanus booster more than 10 years ago? Date (if known): _____
 YES NO 2. Do you have a heart murmur or disorder of your heart valve?
 YES NO 3. Have you ever had rheumatic fever or rheumatic heart disease?
 YES NO 4. Have you had a splenectomy (removal of the spleen)?
 YES NO 5. Do you have an absent or non-functioning spleen as a result of medical illness?
 YES NO 6. Have you recently taken any medications, which might suppress your immune system (e.g. prednisone, cortisone, chemotherapy, methotrexate, etc)?
 YES NO 7. Do you have any chronic medical problems, which might suppress your immune system (e.g. cancer, leukemia, lymphoma, diabetes, HIV or AIDS, tuberculosis, or kidney disease, alcoholism)?
 YES NO 8. Do you have any orthopedic problem (back, knee, etc.) or any medical problem (heart disease, etc.), which might cause you a problem doing your job?
Please describe: _____
 YES NO 9. Do you wear latex gloves?
 YES NO * 10. Several hours after using latex gloves, do your hands become swollen, red, itchy?
 YES NO * 11. Within minutes of wearing latex gloves, have you noted watery, itchy eyes; runny nose or sneezing; facial swelling; shortness of breath, cough, wheezing, chest tightness; rash or itching?

Whenever possible, use nitrile gloves instead of latex; if you must use latex gloves, use powder free gloves. This will help decrease the risk of latex allergies. If occasionally your hands are red, dry, cracked, this may mean you have dermatitis. The use of hand lotion, cotton liners or switching to nitrile gloves may help. See Occupational Health if symptoms persist.

*IF YOU CHECK "YES" FOR QUESTION #10 OR 11, STOP ALL USE OF LATEX GLOVES AND CALL OHD IMMEDIATELY. (732-932-8254 x221)

LASQuestHx:6/02:pcb:pl

Please complete reverse side

- YES NO 12. Do you have any seasonal or environmental allergies?
Please list: _____
- YES NO 13. Do you have any prescription allergy medications?
Please list: _____
- YES NO 14. Do you take any over the counter allergy medications?
Please list: _____
- YES NO 15. Have you ever experienced any of the following symptoms associated with animal contact: sneezing, runny nose, itchy watery eyes, itchy skin, rash, hives, shortness of breath, wheezing, chest tightness, cough?

If yes, please list each animal species you have experienced symptoms with. Check any symptoms you have experienced with exposure to each species.

Fill in the species below	Sneezing	Runny Nose	Itchy, watery eyes	Itchy Skin	Rash	Hives	Shortness of Breath	Wheezing	Chest Tightness	Cough
_____ Animal Species										
_____ Animal Species										
_____ Animal Species										
_____ Animal Species										
_____ Animal Species										

- YES NO 16. Have you had any illnesses associated with working with animals? Describe & give date: _____

Please notify Occupational Health if there are changes in your medical condition, or for any illness you feel may be related to working with animals.

- Female staff and students with animal contact should promptly notify the OHD of pregnancy or plans to become pregnant.
- If you have any questions or concerns, or would like to meet with a physician or nurse, please contact us at 732-932-8254 ext. 221.
- If you would like to reach us by Email for a medical question, contact Clara Hibbert, NP – chibbert@rci.rutgers.edu or Joanne O'Brien, RN – joanneob@rci.rutgers.edu.

Signature: _____

Date: _____

TO BE COMPLETED BY MD/NP

- cleared to work with animals cleared with no restrictions
- temporary clearance until _____ cleared with following restriction _____

MD/NP Signature _____ Date _____

Department and ORSP notified of clearance status _____ (initial) _____ (date) _____
