

**Rowan University**  
**Employee Animal Worker Health Screening Questionnaire**  
**(Confidential Medical Information**  
**for use by employee's health care provider)**

*Employee: Please complete pages 1-3 of this form and take it to your screening appointment with your personal health care provider*

**This form contains confidential medical information for your health care provider's use only. Do not give this screening form to anyone at the Rowan University.**

Employee Name: _____	Birth Date: _____
SSN: _____	Local Phone# _____
Job Title: _____	
Department: _____	
Previous Animal Worker Health Screening while employed by Rowan University?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Today's Date _____

**Role:**

Indicate the type/s of animals you will be handling (check all that apply):

- |  |                                      |                                      |  |
|--|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Dogs              | <input type="checkbox"/> Cats        | <input type="checkbox"/> Guinea Pigs | <input type="checkbox"/> Amphibians/Reptiles |
| <input type="checkbox"/> Rabbits           | <input type="checkbox"/> Fish        | <input type="checkbox"/> Birds       | <input type="checkbox"/> Lab Mice/Rats       |
| <input type="checkbox"/> Voles & Chipmunks | <input type="checkbox"/> Other _____ |                                      |  |

Do you work with non-human primates, with primate tissues, or in an area where primates or primate tissues are housed or handled?  Yes  No

Do you work with feral(wild) animals or random source(class B) dogs or cats?  Yes  No

Do you work with human blood products or human tissue?  Yes  No

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical History:**

What are your ongoing medical problems? Use an additional sheet of paper if necessary.

Have you had (check all that apply)?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Pneumonia       | <input type="checkbox"/> Recurrent Bronchitis                | <input type="checkbox"/> Tuberculosis                 |
| <input type="checkbox"/> Heart Disease`  | <input type="checkbox"/> Rheumatic Fever                     | <input type="checkbox"/> Heart murmur & Valve Disease |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Kidney Disease                      | <input type="checkbox"/> Liver Disease                |
| <input type="checkbox"/> Cancer          | <input type="checkbox"/> Gastrointestinal Disorder           | <input type="checkbox"/> Loss of Consciousness        |
| <input type="checkbox"/> Seizures        | <input type="checkbox"/> Arthritis                           | <input type="checkbox"/> Chronic Back or Joint Pain   |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Emphysema or Chronic Lung Condition |   |

Have you ever contracted a disease from animals, or experienced an animal related injury (including bites, scratches, needlesticks, etc)?  Yes  No If yes, please explain below:

Have you been told by a physician that you have an immune compromising medical condition or are you taking medications that impair your immune system (steroids, immunosuppressive drugs, or chemotherapy)?  Yes  No If yes, explain below:

Are you currently taking any medications?  Yes  No If yes, list below:

For Women: Are you pregnant, or planning to be pregnant in the next two years?  
 Yes  No

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_

**Allergy History:**

List any allergies to medications:

\_\_\_\_\_

Do you have any of the following (check all that apply)?

- Chronic cough                       Asthma                       Itchy, irritated eyes  
 Hay fever                               Skin rash                       Chronic allergies (food, pollens, dust)

Are you allergic to (check all that apply)?

- Dog                       Cat                       Cattle                       Horse                       Bird (feathers)  
 Hog                       Primates                       Rabbit                       Goat                       Sheep (wool)  
 Rat or mice                       Guinea Pig                       Alfalfa                       Weeds                       Trees  
 Chemicals                       Latex                       Wood                       Grasses                       Animals at your  
 Insect stings/bites                       Other (list):                      work site

**Immunizations:**

Indicate date of most recent vaccination (or blood test to document immunity). Mark "X" if you do not recall the date. Mark "?" or leave blank if you are unsure.

- \_\_\_\_\_ Measles                      \_\_\_\_\_ Mumps                      \_\_\_\_\_ Rubella                      \_\_\_\_\_ Hepatitis A  
\_\_\_\_\_ Hepatitis B                      \_\_\_\_\_ Rabies                      \_\_\_\_\_ CMV                      \_\_\_\_\_ Toxoplasmosis  
\_\_\_\_\_ "Q" Fever                      \_\_\_\_\_ Yellow Fever                      \_\_\_\_\_ Smallpox vaccine

\_\_\_\_\_ Tuberculosis vaccine (BCG)

Date of last Tetanus booster: \_\_\_\_\_

Date of last PPD (tuberculin) skin test: \_\_\_\_\_  Positive  Negative

If PPD POSITIVE, date of last Chest X-ray: \_\_\_\_\_

If POSITIVE in the past, are you having any of the following symptoms (check box)?

- Fever     Chronic cough     Bloody sputum     Weight loss     Shortness of breath

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Employee  
Signature \_\_\_\_\_

My signature above indicates that the above information is true and accurate to the best of my knowledge.

**INSTRUCTIONS TO EMPLOYEE:** Give this completed Health Screening Questionnaire to your health care provider at the time of your health screening. He/she should place this questionnaire in your medical record. Your Health Screening Questionnaire contains private medical information; do not give it to anyone at Rowan University.

Please also take a blank copy of the **Health Screening Certification Form** (see next page) to your health screening appointment. Your health care provider should complete and sign the Certification Form. Please return the completed Certification Form *only* to the Office of the Associate Provost for Research at Rowan University. You must file this Certification Form with the University prior to beginning work with animals and at least annually thereafter.

**Rowan University  
Health Screening Certification for  
Employee Animal Workers**

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_

**The above-named individual received a health screening on \_\_\_\_\_.**

**He/she has been immunized against Tetanus within the last ten years and will remain current for at least the next twelve (12) months. He/she has also been screened for Tuberculosis within the last twelve (12) months.**

**If this individual has been determined to be at be additional health risk by working with animals, he/she has been counseled and advised by a physician regarding those risks.**

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Health Care Provider Signature

Printed Name

Date

**EMPLOYEE:** Return this signed certification form to the Office of the Associate Provost for Research, Memorial Hall, Rowan University.