**Health Questionnaire for Individuals Working with Laboratory Animals**

The primary goal of this form is to evaluate and, if necessary, guide you in recognizing and addressing certain health issues that can arise from contact with animals in the research environment. Per Institutional policy on care and use of laboratory animals, all students, staff and faculty who work in animal facilities or who have extended contact with animals must complete this form annually. You may, however, decline to provide certain information about your personal health.

FULL NAME (F,MI,L) Click here to enter text. EMAIL Click here to enter text.

PHONE Click here to enter text.

YOUR ROLE  Undergraduate Student  Graduate Student  Faculty Researcher  Staff

SPECIES YOU HAVE BEEN INVOLVED WITH: Click here to enter text.

HAVE YOU EVER BEEN TREATED FOR:

Allergies, allergic rhinitis, conjunctivitis, or hay fever

Anaphylaxis (Severe Allergic Reaction)

Asthma

Chronic cough

Eczema, urticaria, or hives

HAVE ANY OF THE CONDITIONS ABOVE RESULTED IN HOSPITALIZATION?  Yes  No

HAVE YOU RECEIVED A TETANUS BOOSTER WITHIN THE LAST 10 YEARS?  Yes  No PROVIDE MO/YR Click here to enter text.

IF YOU HAVE ISSUES RELATED TO WORKING WITH LABORATORY ANIMALS, ARE YOU CURRENTLY UNDER THE CARE OF A MEDICAL PRACTIONER?  Yes  No

HAVE YOU EVER HAD ANY OF THE FOLLOWING ASSOCIATED WITH ANIMAL EXPOSURE:

Itching, tearing, or swelling of the eyes

Nasal discharge

Coughing

Chest tightness or wheezing

Skin rash or itching

Have you ever been advised to avoid contact with animals for medical reasons?

FOR ANY ANIMAL EXPOSURE ISSUES ABOVE, PLEASE ELABORATE. Click here to enter text.

COMPLETE THIS FORM AND UPLOAD IT TO YOUR LEHIGH UNIVERSITY HEALTH & WELLNESS CENTER PATIENT PORTAL: [lehigh.studenthealthportal.com](http://lehigh.studenthealthportal.com/)