

This is a PDF fillable form. Simply tab or click in the appropriate areas to enter your information.

## 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) \_\_\_\_\_ EMAIL \_\_\_\_\_ @lehigh.edu PHONE \_\_\_\_\_

YOUR ROLE: \_\_\_\_\_

SPECIES YOU HAVE BEEN INVOLVED WITH: \_\_\_\_\_

HAVE YOU EVER BEEN TREATED FOR (use the control key to select multiple items): \_\_\_\_\_

HAVE ANY OF THE CONDITIONS ABOVE RESULTED IN HOSPITALIZATION? \_\_\_\_\_

HAVE YOU RECEIVED A TETANUS BOOSTER WITHIN THE LAST 10 YEARS?  
PROVIDE MO/YR (for Faculty Researchers and Staff only - student records are on file): \_\_\_\_\_

IF YOU HAVE ISSUES RELATED TO WORKING WITH LABORATORY ANIMALS, ARE YOU CURRENTLY UNDER THE CARE OF A MEDICAL PRACTITIONER? \_\_\_\_\_

HAVE YOU EVER HAD ANY OF THE FOLLOWING ASSOCIATED WITH ANIMAL EXPOSURE:  
(use the control key to select multiple items) \_\_\_\_\_

FOR ANY ANIMAL EXPOSURE ISSUES ABOVE, PLEASE ELABORATE. \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT THIS FORM, SIGN AND DATE, PLACE IT IN A SEALED ENVELOPE, MAIL OR HAND DELIVER IT TO:  
Lehigh University Health & Wellness Center  
36 University Drive Johnson Hall, Bethlehem, PA 18015 Tel. 610.758.3870