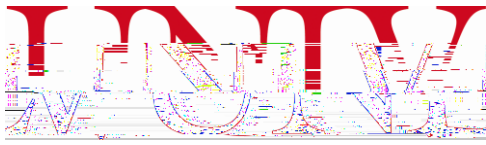


Occupational Health Program for Animal Handlers
Enrollment Questionnaire



Part A: Participant Information

Name(Last, First, MI)

Employee ID#

5. Allergies/Asthma

Are you allergic to any animals, animal dander, animal urine, etc? yes no
If yes, please list,

Are you allergic to latex? yes no

Do you have asthma? yes no
If yes, is your asthma affected by working with animals. Yes no
If yes, what precautions will you take while working with animals?

6. Are you experiencing any of the following symptoms?

	Yes	No
Fever	<input type="checkbox"/>	<input type="checkbox"/>
Flu like symptoms	<input type="checkbox"/>	<input type="checkbox"/>
Chronic cough	<input type="checkbox"/>	<input type="checkbox"/>
Swollen lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>

7. Other Conditions

Do you have any other health conditions (chronic illness, immunosuppression, pregnancy, etc) that you would like the occupational health professional who will review this questionnaire to know about?

no

Part C: Authorization for Disclosure of Information

This document will be kept confidential and will only be available to a health care professional from the Center for Occupational Health and Wellness.

I hereby authorize the disclosure of the information reported on the Occupational Health Program for 2 TD [(I)d998 (zat)9.007a[

