

University of Pittsburgh Animal Exposure Surveillance Program (AESP) Update Questionnaire 2019

Name: _____

Date of Birth: _____ Pitt ID: 2P _____

Gender (circle one): Male Female

Address: _____ Cell Phone: _____

City/State/Zip: _____ Work Phone: _____

Are you still involved in the care of animals or their living quarters; OR have contact with animals (dead or alive), their viable tissues, body fluids or waste?

| | |
|--|---|
| <input type="checkbox"/> YES: Please update the following information and return form. | <input type="checkbox"/> NO: Sign and date at the bottom of page and return form. |
|--|---|

This form can be faxed to: 412-647-5051 or emailed to: myhealthatworkpitt@upmc.edu

MyHealth@Work for University of Pittsburgh
Employee Health Services
 Medical Arts Building
 3708 Fifth Avenue, Suite 505
 Pittsburgh, PA 152

Please update what type of animals or animal tissues you have contact with at work:

| | | | | | |
|---|-----|----|----------------------------|-----|----|
| Mice, rats, gerbils, hamsters, guinea pigs (circle) | Yes | No | Non-Human Primates | Yes | No |
| Rabbits | Yes | No | Sheep/Goats/Swine (circle) | Yes | No |
| Cats | Yes | No | Cows | Yes | No |
| Dogs | Yes | No | Ferret | Yes | No |
| Fish/Frogs/Turtles (circle) | Yes | No | Prairie Dogs | Yes | No |

Other: _____

Do you CURRENTLY work with any of the following:

| | | | | | |
|-----------|-----|----|-----------------|-----|----|
| Influenza | Yes | No | HIV/SIV | Yes | No |
| Vaccinia | Yes | No | Hepatitis Virus | Yes | No |
| Rabies | Yes | No | BSL 3 Agents | Yes | No |

Do you experience any of the following symptoms during animal exposure:

| | | | | | |
|----------------------------|-----|----|-----------------------------------|-----|----|
| Cough | Yes | No | Itching, tearing, swelling of eye | Yes | No |
| Nasal Discharge/Stuffiness | Yes | No | Chest tightness or wheezing | Yes | No |
| Skin Rash or Itchiness | Yes | No | None | Yes | No |
| Sneezing | Yes | No | | | |

Do you currently use a respirator or face/dust mask when in contact with animals? Yes No

I certify that I understand all requests for information contained on this form and certify that the information supplied by me on this form is correct to the best of my knowledge.

Signature: _____ Date: _____