ANIMAL EXPOSURE SURVELLANCE PROGRAM UPDATE QUESTIONNAIRE

UNIVERSITY OF PITTSBURGH

Name (Please print)	Pitt ID #2P_____
Home Address	Work Phone #
Home Phone #	Gender: ☐ Male ☐ Female

1. 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? ☐ Yes

   If yes – please update the following information.

   If NO, sign and date at the bottom of page and return form to :

   Employee Health Service
   c/o Yolanda Lang, CRNP, PhD
   Medical Arts Building
   3708 Fifth Avenue, Suite 500.59

   This form can also be faxed to Dr. Lang at 412-647-1993

2. Please update what type of animals or animal tissues you have contact with:

   - ☐ Rodents (rats, mice)
   - ☐ Rabbits
   - ☐ Cats
   - ☐ Fish
   - ☐ Non-Human Primates
   - ☐ Sheep
   - ☐ Cows
   - ☐ Ferret
   - ☐ Other_____

3. Do you CURRENTLY work with any of the following: ☐ Yes ☐ No

   - ☐ Influenza
   - ☐ Vaccinia
   - ☐ Rabies
   - ☐ HIV/SIV
   - ☐ Hepatitis Virus
   - ☐ BSL 3 Agents
     Please complete BSL-3 Worker Health Screening Questionnaire

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

   - ☐ Cough
   - ☐ Nasal Discharge
   - ☐ Skin Rash or Itchiness
   - ☐ Sneezing
   - ☐ Itching, tearing of eye
   - ☐ Chest tightness or wheezing
   - ☐ None

5. 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