

University of Pittsburgh Animal Exposure Surveillance Program (AESP) Initial Health Questionnaire 2022

Instructions for Enrollment

1. Complete this Animal Exposure Surveillance Program Health Questionnaire and Submit via **one** of the following below:
 1. **FAX:** 412-647-5051
 2. **Deliver:** MyHealth@Work for the University of Pittsburgh- Employee Health Services Clinic, 3708 Fifth Avenue, **Medical Arts Building, Suite 505**, Pittsburgh, PA 15213 between 7:00 a.m. and 3:30 p.m. Monday through Friday.
 3. **TEAMS Link –**
[Pitt AESP Health Questionnaire 2022 \(office.com\)](#)
2. **Do NOT send the completed form via campus mail.**
3. **Do NOT send the completed form to your supervisor.**
4. **Do NOT send the completed form to the Department of Environmental Health and Safety.**
5. **Do NOT send photos of completed form (scans only).**
6. **Do NOT put a campus address on form.**
7. **Please complete entire form.**

All information collected by this University of Pittsburgh program will be handled with the strictest confidence and in compliance with all applicable regulations. Your personal and medical information will only be available to those clinical care providers in Employee Health Services with a need to know.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employer and other entities covered by GINA Title II from requesting genetic information of an individual or family member, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information” as defined by GINA, includes an individuals’ family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

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Demographics

Name: _____ **Date:** _____
 _____ **Pitt ID:** 2P
Date of Birth: _____ **Job Position:** _____
 _____ **Department - BSL1, BSL2, BSL3, DLAR, RBL** _____
Home Address: _____ **Work Email:** _____
City/State/Zip: _____
Cell Phone: _____ **Supervisor/PI:** _____

Occupational Review

What are your job duties? _____

Please indicate all species of animals that you will be working with or will be listed on a protocol for:

Check all that apply	Yes	No	Check all that apply	Yes	No
Rodents			Macaques--Rhesus, Cynomolgus		
Mice/Rats/Hamsters/ Gerbils/Guinea Pigs (Circle)			Baboons		
Prairie Dogs			Farm Animals		
Rabbits			Sheep/Goats/Swine (Circle)		
Ferrets			Dogs		
Fish/Frogs/Turtles (Circle)			Cats		
Non-Human Primates			Tissue Handler: Human/Animal (Circle)		
New world monkeys--squirrel monkeys			Other:		
I will not be working with animals or human/animal tissue, but this form is required for my lab's protocol.					

TB Review

Date of last TB Skin/QuantIFERON Test: _____ Month: _____ Year: _____

Have you ever had a positive TB screening? **Yes No**

If YES: Were you treated with medication? **Yes No**

Date of last chest X-Ray (if prior positive TB test)? _____ Month: _____ Year: _____

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Infectious Disease Review

Please indicate if you have a history of an immunization (I), have worked with in the past (P), or will work with (W) any of the following?

Check all that apply	I	P	W	Check all that apply	I	P	W
Anthrax				HIV	NA		
Avian Flu	NA			Influenza Viruses			
Botulinum				Human Retroviruses	NA		
Brucella	NA			Japanese Encephalitis			
Burkholderia Mallei	NA			Malaria	NA		
Burkholderia Pseudomallei (Meliodisis)	NA			Orthopox viruses (Monkey pox)			
Chikungunya	NA			Rift Valley Fever Virus	NA		
Dengue	NA			SARS	NA		
Eastern Equine Encephalitis	NA			Toxoplasma Gondi	NA		
Francisella Tularemia	NA			Vaccinia			
Hepatitis A				West Nile Virus	NA		
Hepatitis B				Yellow Fever Virus			
Hepatitis C	NA			Yersinia Pestis (Plague)	NA		
Rabies				Other:			

General Occupational Review

What type of PPE have you used in the past?

Do you have prior history of working with animals?

Yes No

When?

Month/Year:

to

Month/Year:

If YES: Which species did you work with?

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Medical History

Please list any history of any immunocompromised conditions (Lupus, Cancer, Organ Transplant, Oral Steroids, etc)

Please list any chronic health conditions (Diabetes, heart disease, cancer, liver disease, etc)

Please list any chronic skin conditions Eczema/Urticarial/Hives/Skin Disease

Please list any chronic Respiratory Diseases (Asthma, COPD, etc)

Please list any medications used to treat respiratory conditions

Do you now, or have you ever taken any asthma related medications?

Yes No

If YES: Which medications and how often?

Do you have prior history of allergic symptoms with animal exposures? If so, to what animal(s)? _____

Yes No

If YES: Which of the following symptoms, have you experienced:

Chest tightness or wheezing

Yes No

Coughing

Yes No

Itching/Tearing/Swelling of Eyes

Yes No

Nasal Discharge/Stuffiness

Yes No

Sneezing

Yes No

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Please list any medications to control animal exposure /allergy symptoms:

If YES: Was the medication effective in controlling your symptoms?

Yes No

If YES: Have you used any protective equipment (mask, gloves, etc.) to control allergy exposure/symptoms?

Yes No

If YES: Was the protective equipment effective in controlling your symptoms? _____

Yes No

Do you have or have you ever had a history to Anaphylaxis?

Yes No

If YES to Anaphylaxis, what was the cause?

Have you ever had any allergy testing completed?

Yes No

If yes to having any allergy testing completed, when?

If yes to having any allergy testing completed, what were the results?

Have you ever taken any allergy injections?

Yes No

If YES: When, and were they effective?

Have you ever had a severe reaction to latex devices or products?

Yes No

If YES: Under what circumstances did it occur?

After handling latex products, have you ever experienced any of the following:

Difficulty breathing

Yes No

Chapped or "cracking" of hands

Yes No

Itching, redness and/or swelling (hands, eyes)

Yes No

Hives

Yes No

Have you ever been tested for a Latex Allergy?

Yes No

If YES to being tested for a Latex Allergy, what were the results?

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General History

Do you have animals at home? Yes No

If YES: Which kind of animal?

Have you traveled outside the US within the last year? Yes No

If YES: To which country/countries?

If YES: Have you had any health issues since returning?

Have you received a Tetanus Booster in the past 10 years? Yes No

When?

Do you have any other health problems? Yes No

If YES: Please list:

Are you taking any other medications? Yes No

If YES: Please list:

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

Signature:

Date:

MyHealth@Work STAFF ONLY

I have reviewed the information provided.

Signature:

Date:
