

## University of Pittsburgh Animal Exposure Surveillance Program (AESP) Update Questionnaire 2021

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"/> <b>YES:</b> Please update the following information and return form.	<input type="checkbox"/> <b>NO: I do not work with animals or human/animal tissue, but this form is required for my lab's protocol.</b> Sign and date at the bottom of page and return form.	<input type="checkbox"/> <b>NO:</b> Sign and date at the bottom of page and return form.
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**This form can be faxed to: 412-647-5051 or emailed to: [myhealthatworkpitt@upmc.edu](mailto: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: \_\_\_\_\_