Indiana State University

Institutional Animal Care and Use Committee

OHPAE Enrollment Questionnaire

A. General Information			
Name:		Date Questionnaire Completed:	
DOB:	Sex: ☐M / ☐F	Age:	ISU ID:
Department:		PI or Supervisor:	
Phone:		ISU Email:	
Type of Work: ☐ Animal Husbandry ☐ Lab Research/Teaching ☐ Field Research			

B. Type of Animal Contact (check all that apply)

☐Rats ☐Amphibians ☐Mice ☐Birds ☐Rabbits ☐ Fish
☐Reptiles ☐Bats ☐Other: Please specify

C. History of Laboratory/Field Animal Contact

1. In the first column below, enter the letter that corresponds to how frequently you are currently exposed to laboratory animals.
2. In the second column, enter the total length of time you have worked with each type of animal throughout your entire career.
3. **Ensure that all columns are complete or this form will not be approved. If you do not work with the animals listed, place an A in the Frequency of Exposure column.**

	Frequency of Exposure	Total time Worked with Animal in Entire Career	
	A= never B= less than once per month C= 1 to 2 times a week D= 3 to 4 times a week E= Daily	Years	Months
Amphibians	Select from Dropdown Menu		
Bats	Select from Dropdown Menu		
Birds	Select from Dropdown Menu		
Fish	Select from Dropdown Menu		
Mice	Select from Dropdown Menu		
Rats	Select from Dropdown Menu		
Rabbits	Select from Dropdown Menu		
Reptiles	Select from Dropdown Menu		
Other species (list below):			
	Select from Dropdown Menu		
	Select from Dropdown Menu		
	Select from Dropdown Menu		
	Select from Dropdown Menu		

D. Health

Do you have any of the following symptoms that you feel are caused by, or made worse, because of any previous work with animals?	No	Yes
Watery, burning or itchy eyes	☐	☐
Runny nose	☐	☐
Sneezing	☐	☐
Wheezing	☐	☐
Cough	☐	☐
Shortness of breath	☐	☐
Chest tightness	☐	☐
Hives	☐	☐
Skin Rash	☐	☐

To what animals do you believe you have allergies?

☐ Rats ☐ Amphibians ☐ Mice ☐ Birds ☐ Bats
☐ Rabbits ☐ Fish ☐ Reptiles ☐ None

☐ Other: Please Specify

Have you ever been told by a physician that you have:	No	Yes
Asthma	☐	☐
Allergy	☐	☐
Allergic rhinitis (runny nose due to allergies)	☐	☐
Allergic conjunctivitis	☐	☐
Do you have a history of:		
Hay fever	☐	☐
A natural parent or sibling with allergies to animals or their substances	☐	☐
Have you ever had a positive allergy skin test performed by a physician?	☐	☐

If yes, how many positive skin tests to non-animal antigens (such as grasses, pollen, and/or house dust) have you had?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ More
If yes, how many positive skin tests to animal antigens (such as dogs, cats, and mice) have you had?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ More

E. Injuries or Illnesses

How many times have you been bitten by a laboratory animal or animal in the field?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ More

	No	Yes
Have you ever injured yourself or become ill while working with or around laboratory Animals, field animals or animal care facilities?	☐	☐

If yes, check all injuries that apply:

☐ Animal bite
☐ Needle Stick or scalpel injury
☐ Allergy to animal
☐ Laceration or cut on animal cage or equipment
☐ Other: Please specify
☐ Muscle sprain or strain
☐ Animal scratch
☐ Infection acquired from animal

	No	Yes
Do you have a history of heart valve disease or disorder (heart murmur), or congenital heart disease?	☐	☐
Do you have any impairment of immune system?	☐	☐

F. Immunizations

Please indicate if you have received any of the following immunizations. If your answer is yes, please provide the date.

Immunization	No	Yes	Enter date of vaccine (mm/dd/yyyy)	Don't Know
Hepatitis A	☐	☐		☐
Hepatitis B	☐	☐		☐
Pertussis	☐	☐		☐
Rabies Series	☐	☐		☐
Rabies Titer	☐	☐		☐
Tetanus / TDAP	☐	☐		☐
BCG (Bacille Calmette-Guerin)	☐	☐		☐

G. Acknowledgement

You are strongly encouraged to update this form whenever you are vaccinated or have a serious health problem and to contact the ISU representative for animal research to answer any questions at any time after completing this questionnaire. (You may be referred to the Union Hospital Occupational Health to receive additional health recommendations.)

- The species of animal you are exposed to at work changes; or
- You become aware of a change in your health status and are concerned about possible exposures at work

Researcher Signature: _____ **Date:** _____