

**PLEASE MAIL OR FAX THIS SURVEY TO:**  
**Vanderbilt Student Health Center**  
**Attn: Kaye Clark, RN**  
**Zerfoss Building, Station 17, (8710)-- Campus Mail**  
**Secure fax: (615) 343-0047**

Today's Date \_\_\_\_\_

**ANIMAL EXPOSURE QUESTIONNAIRE**

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ P.I. you work with: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone number (work or cell): \_\_\_\_\_  
 Classification:

- Graduate student       Undergraduate student  
 Visiting Student

- List all animal species you worked with during the past year. (Or list the species you plan to work with): \_\_\_\_\_
- Hours per week exposed to lab animals: \_\_\_\_\_
- List all animals you have at home: \_\_\_\_\_
- Are you allergic to any drugs, foods, animals, pollens, molds or other environmental agents?  Yes (please list)     No  
 \_\_\_\_\_

5. How often do you experience any of the following symptoms *when you are around animals at work?* (Please mark appropriate box with an X.)

|                     | Never | Up to once a month | 2 to 4 times a month | Over 4 times a month | Almost every day |
|---------------------|-------|--------------------|----------------------|----------------------|------------------|
| Wheezing            | (0)   | (2)                | (2)                  | (3)                  | (3)              |
| Shortness of breath | (0)   | (2)                | (2)                  | (3)                  | (3)              |
| Chest tightness     | (0)   | (2)                | (2)                  | (3)                  | (3)              |
| Sneezing            | (0)   | (1)                | (1)                  | (2)                  | (2)              |
| Itchy eyes          | (0)   | (1)                | (1)                  | (2)                  | (2)              |
| Watery eyes         | (0)   | (1)                | (1)                  | (2)                  | (2)              |
| Runny nose          | (0)   | (1)                | (1)                  | (2)                  | (2)              |
| Coughing            | (0)   | (1)                | (1)                  | (2)                  | (2)              |
| Skin rash           | (0)   | (2)                | (2)                  | (2)                  | (2)              |

Yes, I have read the required information "Allergies to Animals" on the Occupational Health website at <http://www.vanderbilt.edu/HRS/wellness/ohcanimalallergies.htm>

I verify that the above information is accurate to the best of my knowledge.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For SHC use only: Highest Score** \_\_\_\_\_ **Reviewed by:** \_\_\_\_\_ **Date** \_\_\_\_\_

**MR#** \_\_\_\_\_ **Further evaluation recommended?**  Yes, patient notified  
 No further action needed