

**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) 936-0966**

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.

Employee 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**