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UMassMemorial

Employee Health Services
210 Lincoln Street, Lower Level
Worcester, Ma 01605

INITIAL ANIMAL MEDICINE HEALTH INFORMATION

Last Name: _____ First Name: _____

M _____ F _____ Date of Birth: _____/_____/_____ Employee Number/MR #: _____

Last 4 digits SS#: _____ Department: _____ Position: _____

In order to assure that no health problems arise as a result of your work with animals, please respond to the following:

Have you ever experienced health problems which you think may have resulted from your contact with animals? ☐ Yes ☐ No

If yes, please describe: _____
_____

Do you have prior work that required the handling of animals? ☐ Yes ☐ No

If yes, please complete:

Job	Type of animal	What kind of work was done?

Have you ever been bitten by an animal? ☐ Yes ☐ No

If yes, please complete:

Species	Number of times bitten	Was wound infected? ☐ Yes ☐ No

Do you have contact with animals (pets, farm, wild animals) outside of work? ☐ Yes ☐ No

If yes, please complete:

Species	Frequency of contact

After exposure to animals, do you have:

Wheezing and chest tightness?	☐ Yes ☐ No
A skin rash?	☐ Yes ☐ No
Sneezing or running nose?	☐ Yes ☐ No
Itching eyes?	☐ Yes ☐ No

Have you ever had:

Allergies to any medications?	☐ Yes ☐ No
Other allergies?	☐ Yes ☐ No
Asthma?	☐ Yes ☐ No
Skin testing for allergies?	☐ Yes ☐ No
Tuberculosis?	☐ Yes ☐ No
Tuberculosis skin test?	☐ Yes ☐ No
Hepatitis?	☐ Yes ☐ No
Are you immunosuppressed?	☐ Yes ☐ No

(conditions that may cause immunosuppression include Immunodeficiency Disease, Leukemia, Lymphoma, Cancer/malignancies, treatment w/ corticosteroids or immunomodulating agents, chemotherapy, radiation)

Have you been immunized against:

Tetanus ?	☐ Yes ☐ No ☐ Year_____ ☐ Don't know
Rabies?	☐ Yes ☐ No ☐ Year_____ ☐ Don't know
Hepatitis B?	☐ Yes ☐ No ☐ Year_____ ☐ Don't know

Do you smoke? ☐ Yes ☐ No

(If yes, how many packs a day? _____)

Signature: _____ Date: ____/____/____