

**AUBURN UNIVERSITY
ANIMAL CARE AND USE PROGRAM
OCCUPATIONAL HEALTH PERIODIC REVIEW**

Please Print or Type

Risk Assessment Survey

Please fill out this form within one month of receipt and forward it to the Office of Animal Resources (see below). Dr. J. Garth Stauffer, the occupational health physician, will review it and notify you if you need to schedule an appointment. Please contact Dr. Stauffer (Telephone: 334-821-7788; Fax: 826-9042; email: jgs@alaocmed.com) if you have any questions.

Office of Animal Resources
307 Samford Hall
Campus Mail

ALL INFORMATION IS CONFIDENTIAL

Name: (Last) _____ (First) _____ (MI) _____ Date: _____

Gender: Female Male Date of Birth _____ Social Security No. _____

Campus Work Address: _____ Phone: _____

Local Home Address: _____ Phone: _____

Department/Unit: _____ Phone: _____

Position Title: _____

Supervisor: _____ Phone: _____

Personal Physician Name: _____ Phone: _____

Address: _____

1. Animal species contact at work (check all that apply).

mice, rats, rabbits, and/or other
small mammals

random source purpose bred

dogs _____

cats _____

ruminants

cattle goats

sheep

other _____

swine

horses

wildlife

poultry

fish

pet birds, wild birds, raptors and/or
ratites

reptiles, amphibians

bats

other _____

no contact expected

animal contact limited to dead animals

animal contact limited to blood, fluid or tissue in a research or diagnostic laboratory

animal contact limited to environmental exposure (e.g. maintenance, custodial or security
personnel, IACUC facility inspection visits)

2. Animal contact in your job (hours/week): _____

Type of work: research, teaching husbandry, animal care

3. Since you last completed a Risk Assessment Survey, have you developed:

- Y [] N [] Hay fever
- Y [] N [] Asthma
- Y [] N [] Allergic skin problems

4. Y [] N [] Do you have skin rash or hives, sneezing spells, runny or stuffy nose, watery or itchy eyes, coughing, wheezing, or shortness of breath after working with laboratory animals or their bedding?
Circle those that apply.

If yes, the above symptoms:

- a. Occur how often? _____
- b. Began when? _____
- c. Are caused by which animals? _____

5. Y [] N [] Do you have house pets, live on a farm, or work with animals at home?

If yes, what animals? _____

6. Y [] N [] If you work with cattle, sheep, or goats, do you directly handle birth products (e.g. placentas)?

If yes, which animals? _____

7. Do you have any safety/health concerns about chemicals that you encounter at work?

If yes, please describe _____

8. Y [] N [] Have you had an on-the-job injury/illness that was not reported?

If yes, please describe _____

9. Y [] N [] Do you lift more than 25 lbs. as part of your job?

10. Y [] N [] Do you wish to discuss any work-related health concerns? _____

I certify that the above statements are true, complete, and correct to the best of my knowledge and belief.

Signature Date

Reviewed by _____ Date _____

Clinic Staff Only

- Category 1 No Follow-Up
- 2 Telephone Follow-up
- 3 Clinic Visit