



55 Lock Street
PO Box 208237
New Haven, CT
(203) 432-0071
Employeehealth-business@yale.edu

Name: _____
DOB: _____

**DEPARTMENT OF EMPLOYEE HEALTH
REQUEST FOR MEDICAL REVIEW
ANIMAL HANDLER'S HEALTH HISTORY QUESTIONNAIRE**

Name: _____
Address: _____
DOB: _____
Net ID: _____
Job Title: _____
Dept./Company: _____

Today's Date: _____
Sex: M F
Email: _____
Phone: _____
Business Phone: _____
Supervisor: _____

MEDICAL HISTORY:

ALLERGIES

To Medications: No Yes If YES, please list: _____
To the Environment: No Yes If YES, please list: _____
To Animals: No Yes If YES, please list species: _____

Are you under any medical treatment for your allergies at this time? No Yes
What type of symptoms do you experience as part of your allergy to animals? _____

Do you have contact with pets in your home? No Yes
If yes, please list _____
Do you have contact with animals in your recreational activities? No Yes

PLEASE CHECK IF YOU HAVE, OR HAVE HAD, ANY OF THE FOLLOWING:

History of Asthma No Yes
History of Eczema No Yes
Chronic Bronchitis No Yes
Emphysema No Yes
Tuberculosis No Yes
High Blood Pressure No Yes
Heart Disease No Yes
Gastrointestinal Disease (Ulcers, Colitis, Gallbladder Disease) No Yes



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PLEASE CHECK IF YOU HAVE, OR HAVE HAD, ANY OF THE FOLLOWING:

- | | | |
|---|-----------------------------|------------------------------|
| Parasites, Dysentery, Infectious Diarrhea | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Liver Disease/Jaundice | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Cancer or Malignancy | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Any Immunosuppressive Condition | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Anemia or Blood Disorder | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Diabetes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Epilepsy or other Neurological Conditions | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Glaucoma, Cataracts, or other Eye Disease | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Arthritis/Gout | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Kidney Disease | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Thyroid Disease | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

List any other medical conditions for which you are under treatment: _____

List any medications you take on a regular basis: _____

Immunity Status Information

(Submit copies of documentation for all vaccines, titers or TB testing you list below along with this form. Failure to do so may delay your clearance)

Date of your last Tetanus vaccination (MUST BE WITHIN THE LAST TEN YEARS): _____

Are you currently pregnant or contemplating pregnancy in the near future? No Yes

Date of Measles Series (at least one must be after 1980): _____ Dose 1

_____ Dose 2

Have you ever been vaccinated against Rabies? No Yes

If YES, please list dates: _____

Next question ONLY for those handling or who have access to areas with Non-Human Primates (NHP)

Date and result of your last Tuberculosis test (PPD/QuantiFERON): _____

Have you ever tested positive or been treated for Tuberculosis exposure? No Yes

The above information is correct to the best of my knowledge.

Signature: _____ Date: _____



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This form must be completed by all individuals handling animals as part of their research, teaching or training activities. The information provided will be used to determine the appropriate preventive health measures for animal handlers. New employees and students wishing to handle animals should check all appropriate boxes below after discussing their research with the appropriate supervisory personnel. The form should be completed in full and signed by the individual, uploaded to the **Health On Track** portal for review and processing.

Date submitted: _____

- | | |
|---|--|
| <input type="checkbox"/> Cat | <input type="checkbox"/> Chicken |
| <input type="checkbox"/> Dog | <input type="checkbox"/> Ferret |
| <input type="checkbox"/> Gerbil | <input type="checkbox"/> Guinea Pig |
| <input type="checkbox"/> Hamster | <input type="checkbox"/> Mouse |
| <input type="checkbox"/> Non-Human Primate | <input type="checkbox"/> Opossum |
| <input type="checkbox"/> Pig | <input type="checkbox"/> Rat |
| <input type="checkbox"/> Rabbit | <input type="checkbox"/> Sheep |
| <input type="checkbox"/> Frog | <input type="checkbox"/> Wild or Feral Animals |
| <input type="checkbox"/> Animals inoculated with infectious agents (Please specify agents): _____ | |
| <input type="checkbox"/> Other: _____ | |

Name: _____
Printed Signature

DOB: _____ Dept.: _____ PI: _____

Status:

<input type="checkbox"/> Faculty	<input type="checkbox"/> Title: _____
<input type="checkbox"/> Staff	
<input type="checkbox"/> Postdoctoral Fellow	
<input type="checkbox"/> Student	<input type="checkbox"/> School: _____