

UCSF Occupational Health Services
Laboratory Animal Allergy Form

Instructions:

Please print out and complete the following form and **fax to Occupational Health Services 415-514-5614**. An occupational health practitioner will contact you after reviewing this form.

If you have any questions regarding this form, please contact the Office of Environment, Health and Safety at 415-514-3531.

Personal and Contact Information

First Name: _____
 Last Name: _____
 Phone Number: _____
 Email: _____

Current Allergic Symptoms

1. Have you experienced any of the following symptoms on a regular basis?

Please indicate year of onset, whether the symptom is present now, and the times at which you are most troubled by the symptom.

Symptom	Year of Onset	Present now?	Home	Work	Vacation
Watery or itchy eyes	_____	_____	_____	_____	_____
Runny or stuffy nose	_____	_____	_____	_____	_____
Sneezing spells	_____	_____	_____	_____	_____
Frequent cough	_____	_____	_____	_____	_____
Difficulty swallowing	_____	_____	_____	_____	_____
Sinus problems	_____	_____	_____	_____	_____
Frequent colds	_____	_____	_____	_____	_____
Hives	_____	_____	_____	_____	_____
Swelling of Lips or eyes	_____	_____	_____	_____	_____
Eczema	_____	_____	_____	_____	_____
Wheezing/chest tightness	_____	_____	_____	_____	_____

Atopic History

2. Do you think you have allergies? Yes / No

If YES:

To what are you allergic? _____

What symptoms do you have when you have allergies? _____

3. Do you have hay fever? Yes / No

IF YES:

At what age did you first develop hay fever? _____

When was the last time you were troubled by hay fever? _____

4. Has a physician ever told you that you have allergies? Yes / No

5. Have you ever had a skin test for allergies? Yes / No

If you were skin tested, to what were you allergic? _____

6. Have you ever had allergy shots? Yes / No

7. Have you ever taken medications for allergies? Yes / No

IF YES:

What medication? _____

How often? _____

8. Has a physician ever told you that you have asthma? Yes / No

9. Have you ever had an attack of wheezing that made you short of breath? Yes / No

IF YES:

At what age did you have your first attack? _____

Are you still occasionally troubled by these attacks? Yes / No

Do you currently take medications for these attacks? Yes / No

10. Are you allergic or sensitive to things that cause skin rashes? Yes / No

IF YES:

What causes rashes? _____

11. Is there anyone in your immediate family with allergies or asthma? Yes / No

Father	Allergies	Asthma
Mother	Allergies	Asthma
Sister	Allergies	Asthma
Brother	Allergies	Asthma
Child	Allergies	Asthma

Home Environment

12. Have you ever had housepets?

Yes / No

IF YES:

Which animals?

For How Long?

_ Dogs

_ Cats

_ Other (specify):

13. Are you taking medications on a regular basis?

Yes / No

Please list all medications (including herbal and vitamin supplements) you are currently taking on a regular basis and how often you take them: _____

Occupational History/ Current Exposure Information

14. Have you worked with laboratory animals before this job? Yes / No

IF YES:

For how long (total years)? _____

What types of animals? _____

Were you allergic to any of the animals with which you worked? Yes / No

IF YES, what type of animal? _____

When was the onset of the allergy? (Year or Month/Year) _____

15. In your current job, do you handle animals or their tissues, body fluids or cages?

Yes / No

IF YES:

For how long? (total years) _____

What types of animals? _____

Were you allergic to any of the animals with which you worked? Yes / No

If Yes, what type of animal? _____

When was the onset of the allergy? (Year or Month/ Year) _____

16. How many days per week do you work with the lab animals or their cages?

(circle one)

0 - 1

2

3

4

5 or more

17. During these days, how many hours per day (on average) do you work with lab animals or their cages? (circle one)

0 - 1

2

3

4

5 or more

18. How many hours per week do you usually have contact with the following species?

Animal				
Guinea Pig	0	1-5	5 - 10	10 or more
Hamster	0	1-5	5 - 10	10 or more
Dog	0	1-5	5 - 10	10 or more
Cat	0	1-5	5 - 10	10 or more
Rat	0	1-5	5 - 10	10 or more
Rabbit	0	1-5	5 - 10	10 or more
Mice	0	1-5	5 - 10	10 or more
Primates	0	1-5	5 - 10	10 or more
Other	0	1-5	5 - 10	10 or more

19. How many hours per week are you usually involved in the following activities?

Activity				
Handling dirty cages	0	1-5	5 - 10	10 or more
Return clean cages	0	1-5	5 - 10	10 or more
Receiving animals	0	1-5	5 - 10	10 or more
Breeding room	0	1-5	5 - 10	10 or more
Holding room	0	1-5	5 - 10	10 or more
Dosing	0	1-5	5 - 10	10 or more
Weighing	0	1-5	5 - 10	10 or more
Sacrificing/ Necropsy	0	1-5	5 - 10	10 or more
Isolators	0	1-5	5 - 10	10 or more
Change bedding	0	1-5	5 - 10	10 or more
Other animal room housekeeping	0	1-5	5 - 10	10 or more
Isolated organ or tissue experiments	0	1-5	5 - 10	10 or more
Using animals or tissues/fluids outside animal facility	0	1-5	5 - 10	10 or more

20. When working with lab animals or their cages how often do you do the following? (check the appropriate box)

	Never	Less than 1/2 time	Most of the time	Always
Wear gloves				
Wear a dust/mist respirator				
Wear other respirator				
Wear a gown/Tyvek suit				
Wear hair bonnets				
Wear shoe covers				
Wash hands after handling animals				
Wear eye protection				

21. Do you get any of the following symptoms from working with laboratory animals or their cages? Yes / No

Please check all that apply:

- Sneezing spells
- Runny or stuffy nose
- Watery or itchy eyes
- Coughing spells
- Wheezing/Chest tightness
- Shortness of breath
- Skin rashes or hives

22. Does personal protective equipment eliminate these symptoms? Yes / No

23. Which of the following species causes any of these problems?

- Guinea pig
- Hamster
- Dogs
- Cats
- Mouse

_Rat
_Rabbit
_Primates
_Bedding only
_Other:_____

24. How soon after exposure to lab animals do these symptoms start? (circle one)

<10 minutes 10 minutes – 1 hour 1 hour – 8 hours >8 hours

25. How long do they last?

<10 minutes 10 minutes – 1 hour 1 hour – 8 hours >8 hours

26. Do you take any medicines for these symptoms? Yes / No

27. Are there any lab animals with which you cannot work because of allergy problems? Yes / No

If YES:

Which animal species?_____

How long have been allergic to these species?_____

28. Have you ever changed jobs or working habits because of symptoms from handling animals? Yes / No

IF YES:

Please explain:_____

29. Aside from your work, are lab animals used by others in the same room where you work? Yes / No