University of Southern Maine (USM)
Occupational Health and Safety Program
Animal Use Questionnaire

Each year, the University Environmental Health and Safety (UEH&S) office will be distributing a questionnaire to individuals that work directly and repeatedly with animals or animal tissues. The questionnaire is part of USM’s Occupational Health Program and is a legal requirement of USM’s Federal Assurance with the Office of Laboratory Animal Welfare Department of Health and Human Services (DHHS). Because of legal obligations, individuals must complete one of the attached forms and return it to UEH&S as soon as possible.

The Animal Use Questionnaire (AUQ) will help UEH&S identify any special needs or requirements you may have in order to do your studies or job safely and to further reduce the risks of illness or injury. This questionnaire and each annual follow-up will also help UEH&S track any occupational health related issues that may happen over time as a result of working in or near animals at USM. Specifically, the questionnaire is designed to assess your risk for developing animal allergies or contracting an animal-based disease (zoonotic infection).

USM will only use the information you provide for official Occupational Health Program functions. The questionnaire will not become part of your employment or academic record, be shared with Human Resources, be used in employment decisions, or be shared with your supervisor.

This information on the questionnaire will be kept confidential and your privacy rights protected to the fullest extent permitted by law. Please note that this information is not governed by The Health Insurance Portability and Accountability Act of 1996 Privacy and Security Rules (HIPAA), because University Counsel has determined that USM is not a HIPAA covered entity. However, USM will take all reasonable steps to maintain the confidentiality of your information. Specifically, completed survey forms shall be kept secured in the UEH&S office. Only UEH&S staff has access to that office.

If you need any special equipment, immunizations, etc., UEH&S will contact you to make the necessary arrangements. This information may be used in cases of public health emergencies if you need emergency medical treatment or as allowed by law. If your supervisor or the animal facility manager needs to be notified of any special requirements, they will only be told of the requirements (for example if you need a respirator) and not the reason for it.

Please complete the form that applies to you. Make sure to use your campus ID number. For faculty and staff, this is the “emplid” number found in Peoplesoft when you go to enter time or check on your leave status or pay history. Students should use the appropriate ID used for all USM transactions. After you have completed one of the forms, please place it in a sealed envelope addressed to University Environmental Health & Safety, Portland campus. Please do not give your completed form to anyone else to mail for you. Doing so allows others to view confidential information.

Mail to: University Environmental Health and Safety
88 Bedford St. (Abromson Center)
Portland, ME 04104

There are two (2) forms to choose from:

1. Initial/Pre-Placement Animal Use Questionnaire (AUQ) – Use if you will have direct and repeated contact with animals or the animal facility, and if this is your first time filling out the Occupational Health Questionnaire.
2. Annual AUQ: for those individuals who have direct and repeated contact with animals or the animal facility, and who have previously completed an initial AFQ form.

If you have questions, comments, or concerns regarding this questionnaire please contact:
John R. Reed, Director
University Environmental Health and Safety 780-5338
USM’s Occupational Health Program
Initial Animal Use Questionnaire
For Individuals with Direct and Repeated Animal Contact

Instructions: Please fill out this form if you will have direct and repeated contact with animals AND if you have never filled out an Animal Use Questionnaire before. If you have already filled out this initial Animal Use Questionnaire in a previous year, please ONLY complete and return the Annual Animal Use Questionnaire form located on page 6 of this document; do not submit both forms.

Name: ____________________ USM ID: ________________
Supervisor: ____________________ Date: ____________
Department: ________________ For 12 month period ending, August 30
Campus contact #: ____________________ Note: Please return within 30 days of receipt. Thank you
Email address: ____________________

Please note that the information you provide USM as part of this questionnaire will be used for USM’s Occupational Health Program. Information may also be used in cases of public health emergencies or if emergency medical treatment is necessary. These questionnaires will be filed with the USM’s University Environmental Health and Safety office.

General Information

1. Job Title __________________________________________

2. Number of Years employed ____________________________

3. Time in present Position ________________________________

4. Brief description Of duties ________________________________

5. Have you worked with any animals? □ No □ Yes If yes, what animal and with what frequency?

<table>
<thead>
<tr>
<th>Animal</th>
<th>Work With</th>
<th>Describe Frequency &amp; Duration of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Rats</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Mice</td>
<td>□</td>
<td>□</td>
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<td>Frogs</td>
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<td>□</td>
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<tr>
<td>Fish</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
6. Are you allergic to any animals?  □ No  □ Yes  
   If yes, what animal?  __________________________________________

7. Do you have animals at home?  □ No  □ Yes  If yes, what animal and for how long?  

   Dogs  
   □  1-2 years  □  2-3 years  □  3-4 years  □  over 4 years  
   Cat  
   □  1-2 years  □  2-3 years  □  3-4 years  □  over 4 years  
   Other (Type)  □  1-2 years  □  2-3 years  □  3-4 years  □  over 4 years

8. Have you or do you currently use any of the following items when working with animals?  

   Eye protection  □ No  □ Yes  
   Mask/Respirator  □ No  □ Yes  
   Gloves  □ No  □ Yes  
   Protective Clothing  □ No  □ Yes

9. Please check all symptoms that apply to you in the list below, and give the year of onset:  

| Symptom                        | No | Yes | Date of Onset | Symptoms present at | | | | | | |
|-------------------------------|----|-----|---------------|---------------------|--|--|--|--|--|
| Cough (persistent)            | □  | □   | _______       | □                   | □ | □ | □ | □ | □ |
| Dizziness                     | □  | □   | _______       | □                   | □ | □ | □ | □ | □ |
| Fainting                      | □  | □   | _______       | □                   | □ | □ | □ | □ | □ |
| Blurred or blurry vision      | □  | □   | _______       | □                   | □ | □ | □ | □ | □ |
| Shortness of breath           | □  | □   | _______       | □                   | □ | □ | □ | □ | □ |
| Wheezing                      | □  | □   | _______       | □                   | □ | □ | □ | □ | □ |
| Chest Tightness               | □  | □   | _______       | □                   | □ | □ | □ | □ | □ |
| Asthma                        | □  | □   | _______       | □                   | □ | □ | □ | □ | □ |
| Nasal congestion- persist     | □  | □   | _______       | □                   | □ | □ | □ | □ | □ |
| Runny nose- persist           | □  | □   | _______       | □                   | □ | □ | □ | □ | □ |
| Sneezing - persist            | □  | □   | _______       | □                   | □ | □ | □ | □ | □ |
| Itchy eyes                    | □  | □   | _______       | □                   | □ | □ | □ | □ | □ |
| Hay fever                     | □  | □   | _______       | □                   | □ | □ | □ | □ | □ |
| Frequent colds                | □  | □   | _______       | □                   | □ | □ | □ | □ | □ |
| Hives                         | □  | □   | _______       | □                   | □ | □ | □ | □ | □ |
| Skin rash                     | □  | □   | _______       | □                   | □ | □ | □ | □ | □ |
| Swelling of eyes or lips      | □  | □   | _______       | □                   | □ | □ | □ | □ | □ |
| Eczema                        | □  | □   | _______       | □                   | □ | □ | □ | □ | □ |

Comments
10. Do you have any allergies? □ No □ Yes If yes, to what?
    □ Ragweed □ Grass □ Trees □ Mold □ Dust
    □ Latex □ Cat □ Dog □ Mouse □ Other_____

11. Have you ever received allergy (desensitization/immunotherapy) shots?
    □ No □ Yes

12. If you have asthma:
    A. When did your asthma start _______________ (year)
    B. Are you currently taking any medicine (prescription or over the counter) to
       control your asthma? □ No □ Yes If yes, please list: ________________

13. In the last 4 months have you had any surgeries or taken any medications that:
    □ Lower your body’s immune system
    □ Increases/decreases your heart rate
    □ Alters your normal breathing pattern

    If yes to any of the above, has your Doctor cleared to return to work and/or to
    work with animals? □ No □ Yes

14. Do any of your blood relatives have asthma or allergies? □ No □ Yes

_________________________________________  ____________________
(Signature)  (Date)
_________________________________________
(Print name)

Completion of this form is required by the terms of USM’s Assurance Number A3468-01, on file with the Office of Laboratory Animal Welfare (OLAW), a division of the United States Public Health Service (PHS), a division of the Department of Health and Human Services. Compliance with the terms of the Assurance is required under the PHS Policy on Humane Care and Use of Laboratory Animals, revised August 2002, and the following federal statutes:

USM’s Occupational Health Program
ANNUAL Animal Use Questionnaire
For Individuals That Have Filled Out the Initial AUQ in a Previous Year

Instructions: Please fill out this form if you will have direct and repeated contact with animals AND if you have previously filled out the initial Animal Use Questionnaire (see page 2 of this document). If you have filled out the initial Animal Use Questionnaire in a previous year, please ONLY complete and return this form; do not submit both forms.

Name: ___________________________________ USM ID: ____________
Supervisor: ___________________________ Date: ____________
Department: ___________________________ For 12 month period ending, August 30
Campus contact # _________________________ Note: Please return within 30 days of receipt. Thank you
Email address: __________________________

Please note that the information you provide USM as part of this questionnaire will be used for USM’s Occupational Health Program. Information may also be used in cases of public health emergencies or if emergency medical treatment is necessary. These questionnaires will be filed with the USM’s University Environmental Health and Safety office.

General Information

1. Job Title:

2. Number of Years employed __________________________

3. Time in present Position __________________________

4. Brief description Of duties __________________________

5. Please check types of animals you work with

<table>
<thead>
<tr>
<th>Animal</th>
<th>Work With</th>
<th>Describe Frequency &amp; Duration of Contact</th>
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<tbody>
<tr>
<td>Rats</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Mice</td>
<td>□</td>
<td>□</td>
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<td>Fish</td>
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<tr>
<td>Other:</td>
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<tr>
<td>Other:</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

6. Are you allergic to any animals? □ No □ Yes
   If yes, what animal(s)? __________________________

7. Do you have animals at home? □ No □ Yes
   If yes, what animal? __________________________

8. Are you currently using respiratory protection when working with animals? □ No □ Yes
A. If yes, what kind of respirator ___________________________

B. When do you use it? (State species, room number, and activity)  _____________________________________________________________________

C. Do you feel the respirator is useful?  □ No  □ Yes

9. Since your last evaluation/questionnaire have you experienced or have:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>No</th>
<th>Yes</th>
<th>Date of Onset</th>
<th>Symptoms present at Home</th>
<th>On Vacation</th>
<th>All the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough (persistent)</td>
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<td>Dizziness</td>
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<td>Fainting</td>
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<td>Blurred or blurry vision</td>
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<td>Shortness of breath</td>
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<td>Wheezing</td>
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<td>Nasal congestion - persist</td>
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<td>Sneezing - persist</td>
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<td>Itchy eyes</td>
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<td>Frequent colds</td>
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<td>Hives</td>
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<td>Swelling of eyes or lips</td>
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<tr>
<td>Eczema</td>
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</table>

Comments

10. If you have asthma:
A. When did your asthma start _______________ (year)

B. Are you currently taking any medicine (prescription or over the counter) to control your asthma?  □ No  □ Yes  If yes, please list: ______________________

11. In the last 4 months have you had any surgeries or taken any medications that:
□ Lower your body’s immune system
□ Increases/decreases your heart rate
□ Alters your normal breathing pattern
If yes to any of the above, has your Doctor cleared you to return to work and/or to work with animals?  □ No  □ Yes

(Signature) ________________________________ (Date) _____________

(Print name) ____________________________________________