



Animal Care Program Occupational Health Questionnaire

The Animal Care Program Occupational Health Questionnaire (ACPOHQ) must be completed prior to working with animals. This questionnaire is designed to collect information to assist with assessing possible health impacts of having contact with animals. It is important that all questions be answered completely. If you are unsure how to answer any questions, consult with your faculty advisor before submitting the ACPOHQ. A letter will be sent to you annually asking you to voluntarily submit a risk assessment follow-up form, however, you may submit a new form if your risk status changes at any time.

Complete ACPOHQ and choose one of the following options to submit it for review by Ascension – Occupational Health Services, University of Wisconsin-Milwaukee’s Occupational Health Provider:

- 1) Send an encrypted email with the completed ACPOHQ attached to ascensionemployeesolutions@ascension.org.
[Instructions on how to send an encrypted email in Office 365 and Outlook.](#)
- 2) Fax the completed ACPOHQ to (262) 268-9303, Attn: Occupational Health Nurse
- 3) Mail the completed ACPOHQ to:
Ascension – Occupational Health Services
Attn: Occupational Health Nurse
830 E. Green Bay Avenue
Saukville, WI 53080
- 4) Seal the completed ACPOHQ in an envelope marked “Confidential Medical Record”. Mail or hand deliver the envelope to University Safety & Assurances (US&A) at Engelmann Hall Suite 270. University Safety and Assurances will deliver your ACPOHQ to Ascension – Occupational Health Services.

Note: To contact the Ascension – Occupational Health Services regarding the ACPOHQ review, call (262) 268-3185.

Personal Information

1. Today’s Date:
2. Your Name:
3. Your age (to the nearest year):
4. Sex:
Male Female
5. Your height: (ft) (in)
6. Your weight: (lbs)
7. Your job title:
8. Name of Principal Investigator/Employer:
9. A phone number and email address where you can be reached by the healthcare professional who reviews this questionnaire (include the Area Code):
10. The best time to phone you at this number:

11. Your mailing address:

12. Unit where you are employed or where contact with animals occurs (check all that apply):

School of Public Health	College of Letters and Science	College of Health Sciences
US&A/Animal Program	School of Freshwater Sciences	College of Nursing
College of Engineering & Applied Science	Other:	

13. Appointment Status (check all that apply):

Faculty/Staff	Graduate Student/TA/RA	Undergraduate Student
Other:		

Animal Contact

14. Animal Contact (select one):

Category 1:

I have no direct contact with animals, but I currently work in areas where animals are used or housed (This includes administrative, facility, maintenance, IACUC members, and safety personnel who provide service support to animal care facilities).

Category 2:

I have contact with animals in teaching or research through an approved IACUC Protocol or I provide animal care to research and/or teaching animals.

15. Animal(s) or animal tissues you are in contact with and frequency of exposure (check all that apply):

Rats	Hours per week of contact while at work:
Mice	Hours per week of contact while at work:
Fish	Hours per week of contact while at work:
Amphibians	Hours per week of contact while at work:
Reptiles	Hours per week of contact while at work:
Wild Rodents	Hours per week of contact while at work:
Other:	

Medical History

16. Do you have any ongoing cardiac or pulmonary problems that affect your breathing?:

Yes No

If "Yes," explain:

17. Have you been told by a physician that you have an immune compromising medical condition or are you taking medications that impair your immune system (ex. steroids, immunosuppressive drugs, or chemotherapy)?

Yes No

If "Yes," explain:

18. Have you ever injured your back or been diagnosed with a musculoskeletal disorder (ex. carpal tunnel syndrome)?

Yes No

If "Yes," explain:

19. Have you had a tetanus booster in the past 10 years? (If not, it is recommended that you contact your physician to arrange for one.)

Yes No Unsure

If "Yes," in what calendar year if known:

20. **For women:** If you are pregnant, or planning to become pregnant in the next year, do you understand the risk of working with hazardous agents, such as anesthetic gas (ex. isoflurane), toxic chemicals, and radioactive materials?

Yes No Unsure

Allergy History

21. Do you have any of the following symptoms or conditions? (check all that apply)

Chronic Cough	Asthma
Skin Rash	Chronic allergies (food, pollens, dust, etc.)
Itchy, irritated eyes	Hay Fever

Explain:

22. Are you allergic to any of the following? (check all that apply)

Mice	Rats	Rabbits	Birds
Cats	Dogs	Frogs	Latex
Unsure			
Other:			

23. Are you currently taking any allergy medications?

Yes No

If "Yes," explain:

24. If you are allergic to an animal or other material you are in contact with at work, what will you do to minimize your exposure?

Work Environment

25. Will you be working with hazardous chemicals?

Yes No

If "Yes," explain:

26. Will your work involve human or animal pathogens?

Yes No

If "Yes," explain:

27. Will your work be at a field site(s)?

Yes No

If "Yes," explain:

Please be aware that certain medical conditions increase your risk of potential health problems when working with animals, these include, but are not limited to: animal-related allergies, chronic back injury, pregnancy and immunosuppression. If any of these conditions apply, inform your personal healthcare provider of your work.

I agree to have the above information reviewed by Ascension – Occupational Health Services: