



Animal Care Program Occupational Health Questionnaire Follow-Up

The Animal Care Program Occupational Health Questionnaire Follow-Up (ACPOHQF) should be completed annually. 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 ACPOHQF. 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 ACPOHQF 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 ACPOHQF attached to ascensionemployeesolutions@ascension.org.
[Instructions on how to send an encrypted email in Office 365 and Outlook.](#)
- 2) Fax the completed ACPOHQF to (262) 268-9303, Attn: Occupational Health Nurse
- 3) Mail the completed ACPOHQF to:
Ascension – Occupational Health Services
Attn: Occupational Health Nurse
830 E. Green Bay Avenue
Saukville, WI 53080
- 4) Seal the completed ACPOHQF 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 ACPOHQF to Ascension – Occupational Health Services.

Note: To contact the Ascension – Occupational Health Services regarding the ACPOHQF 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:		

14. Changes in Employment or Responsibilities in the Past 12 Months:

- Change in position duties
- Change in type of animals or zoonotic agents used
- Other
- No changes experienced

Explain the details of any changes to your employment or responsibilities:

15. Are you concerned about any work-related health risks, such as injury or exposure to chemical or biohazardous agents?

Yes No

If "Yes," explain:

16. Have you had any changes in your personal health or been affected by any of the following? (check all that apply)

- Diagnosis of serious or chronic illness
- Change in medication(s)
- Musculoskeletal Disorder or Injury (ex. back injury, carpal tunnel syndrome, etc.)
- Work-related animal bite
- Other
- No changes experienced

Explain the details of any changes to your personal health:

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: