



## Animal Care Program Occupational Health Questionnaire

The Animal Care Program Occupational Health Questionnaire (ACPOHQ) must be completed prior to working with animals. This questionnaire collects information to assess possible health impacts of having contact with animals. It is important to answer all questions completely. If you are unsure how to answer any questions, consult with your faculty advisor before submitting the ACPOHQ. You'll be contacted annually 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 [easternservicerequ@ascension.org](mailto:easternservicerequ@ascension.org)
- 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  
13133 N Port Washington Rd, Suite 218  
Mequon, WI 53097

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

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### 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):

College of Public Health	College of Letters & Science	College of Health Sciences
US&A/Animal Program	School of Freshwater Sciences	School 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:

**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:**