**Veterinary workers / Students**

**Annual animal allergy health assessment questionnaire 2016**

|  |  |  |
| --- | --- | --- |
| Surname: |  | Mr / Mrs / Miss / Ms / Dr / Prof / Other |
| First names: |  | Date of Birth: |  |
| Status:  | Research staff / Technical staff / Undergraduate / Postgraduate / Academic Visitor / Other  |
| Job title: |  | Supervisor / Tutor: |  |
| Department / College: |  | Internal tel: |  |
| Mobile: |  | Email: |  |

**1. Employment history**

|  |  |  |
| --- | --- | --- |
|  | At the University of Cambridge | In the past |
| How long have you worked with animals?  |  |  |

***If you have not been working with animals since your last health questionnaire, please go straight to question 5.***

**2. Work information**

Which animals have you been working with since your last animal allergy health assessment – *please list below*

|  |  |
| --- | --- |
| Species  |  |
| Approximately how many hours per week? |  |
| Approximate duration on each occasion? |  |
| What exposure control measures are in place - if any? |  |
| What personal protective equipment (PPE) is worn? |  |

**3. Medical history** - Please answer all the following questions.

**Do you have or have you ever had:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **No** |  | **Yes** | **No** |
| Asthma or recurrent bronchitis? | **[ ]**  | **[ ]**  | Hayfever? | **[ ]**  | **[ ]**  |
| Allergic rhinitis or conjunctivitis? | **[ ]**  | **[ ]**  | Eczema / dermatitis? | **[ ]**  | **[ ]**  |

**If yes please give details to include date of onset, likely cause, duration, specialist referral, treatment, and medication.**

|  |
| --- |
|  |
|  |
|  |

**4. Since your last occupational health review have you ever experienced any of the following symptoms when working with animals?** *Do not include isolated colds, sore throats, flu or chest infections.*

If ‘yes’ please give dates and details.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Date and Details** |
| Recurring blocked or running nose, sneezing | **[ ]**  | **[ ]**  |  |
| Watery, itchy eyes | **[ ]**  | **[ ]**  |  |
| Bouts of coughing | **[ ]**  | **[ ]**  |  |
| Wheezing / difficulty in breathing | **[ ]**  | **[ ]**  |  |
| Chest tightness | **[ ]**  | **[ ]**  |  |
| Do you use an inhaler to help you breathe? | **[ ]**  | **[ ]**  |  |
| Eczema or allergic skin rashes? | **[ ]**  | **[ ]**  |  |
| Do you smoke? | **[ ]**  | **[ ]**  | If yes how many – per day? |  |
| Are you an ex-smoker? | **[ ]**  | **[ ]**  | If yes when did you stop? |  |

**5. If you no longer work with animals when did you stop and why?**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Reason: |  |
|  |
|  |

**6. Declaration**

I certify that my answers given above are true to the best of my knowledge and belief. I agree to report any symptoms of possible allergy to Occupational Health should they develop during my work at the University of Cambridge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

**For OHS use only**

|  |  |
| --- | --- |
| Suitable to continue working with animals | Yes [ ]  No [ ]  |
| Annual recall  | Yes [ ]  No [ ]  |
| OHA appt | Yes [ ]  No [ ]  | OHA appt arranged | Yes [ ]  No [ ]  |
| OHP appt | Yes [ ]  No [ ]  | OHP appt arranged | Yes [ ]  No [ ]  |
| Enhanced health surveillance *(Please specify)* |
| [ ]  3 months | [ ]  6 months | [ ]  12 months | [ ]  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

OHA /OHP signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_