



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?	<input type="checkbox"/>	<input type="checkbox"/>	Hayfever?	<input type="checkbox"/>	<input type="checkbox"/>
Allergic rhinitis or conjunctivitis?	<input type="checkbox"/>	<input type="checkbox"/>	Eczema / dermatitis?	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
Watery, itchy eyes	<input type="checkbox"/>	<input type="checkbox"/>
Bouts of coughing	<input type="checkbox"/>	<input type="checkbox"/>
Wheezing / difficulty in breathing	<input type="checkbox"/>	<input type="checkbox"/>
Chest tightness	<input type="checkbox"/>	<input type="checkbox"/>
Do you use an inhaler to help you breathe?	<input type="checkbox"/>	<input type="checkbox"/>
Eczema or allergic skin rashes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>	If yes how many – per day?
Are you an ex-smoker?	<input type="checkbox"/>	<input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>
Annual recall			Yes <input type="checkbox"/> No <input type="checkbox"/>
OHA appt	Yes <input type="checkbox"/> No <input type="checkbox"/>	OHA appt arranged	Yes <input type="checkbox"/> No <input type="checkbox"/>
OHP appt	Yes <input type="checkbox"/> No <input type="checkbox"/>	OHP appt arranged	Yes <input type="checkbox"/> No <input type="checkbox"/>
Enhanced health surveillance (<i>Please specify</i>)			
<input type="checkbox"/> 3 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 12 months	<input type="checkbox"/> other

OHA /OHP signature Date

Print Name