



ANNUAL ALLERGY FOLLOW-UP

The completed form should be returned to and will be reviewed by:

OH&S Employee Health
Attention: Occupational Health Nurse Coordinator
Address: CH19, Suite 445
Phone: 934-2487
Fax: 934-7487

YOUR RESPONSES ARE STRICTLY CONFIDENTIAL

| | | | | | |
|---|--|-----------------|--|-------------|--|
| Please complete ALL of the following information: | | | | DATE: _____ | |
| Check all that apply: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Male <input type="checkbox"/> Female Are you employed by UAB? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Last Name | | First Name | | MI | |
| Job Title | | Work Address | | Blazer ID | |
| Birth Date | | Employee # | | Email | |
| Work Phone | | Alt. Phone | | | |
| Dept. | | Supervisor Name | | PI | |
| Specify best method of contact (if by phone or pager, provide number): | | | | | |
| In the space below, please provide a brief job description (use back of form if more space is required): | | | | | |

- Status:** (Check all that apply)
- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Staff | <input type="checkbox"/> Research Technician/Associate |
| <input type="checkbox"/> Student | <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Microbiologist |
| <input type="checkbox"/> Post Doc | <input type="checkbox"/> Pathologist | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Visiting Scientist | <input type="checkbox"/> Biologist | <input type="checkbox"/> Other (specify) _____ |

Exposure to Animals: Please check all animals that you are exposed to at work.

- | | | |
|-------------------------------------|---------------------------------|---|
| <input type="checkbox"/> Mouse | <input type="checkbox"/> Cat | <input type="checkbox"/> Monkey: (specify) _____ |
| <input type="checkbox"/> Rat | <input type="checkbox"/> Sheep | <input type="checkbox"/> Birds: (specify) _____ |
| <input type="checkbox"/> Hamster | <input type="checkbox"/> Goat | <input type="checkbox"/> Fish: (specify) _____ |
| <input type="checkbox"/> Guinea Pig | <input type="checkbox"/> Pig | <input type="checkbox"/> Reptiles: (specify) _____ |
| <input type="checkbox"/> Rabbit | <input type="checkbox"/> Ferret | <input type="checkbox"/> Amphibian: (specify) _____ |
| <input type="checkbox"/> Dog | | |

Animal Allergies: Please check your symptoms and complaints.

Nasal/Sinus

- Runny or stuffy nose
- Sneezing
- Itchy Nose
- Poor sense of smell
- Post nasal drainage

Throat

- Soreness
- Hoarseness
- Bad breath
- Swelling

Eye

- Itching
- Watering
- Burning
- Redness
- Puffiness
- Dark circles
- Matting in morning

Skin

- Rash
- Hives
- Eczema
- Swelling
- Itching
- Redness

Chest

- Wheezing
- Coughing
- Tightness
- Shortness of breath
- Frequent bronchitis

List the animals that cause these symptoms:

Rate how often your symptoms occur as a result of the following situations:

1) when in the same area with the animal NEVER RARELY OCCASSIONALLY ALWAYS

2) when handling the animal NEVER RARELY OCCASSIONALLY ALWAYS

Are your symptoms becoming better? _____ worse? _____ same? _____

If worse, describe how the symptoms are changing: _____

Please check what you have done to decrease your symptoms:

- use of masks use of gloves use of goggles use of fumehood
- changed animals changed jobs disposable gowns respirator

Medications: (if so, please list) _____

Assurances:

I certify that information provided is true and complete to the best of my knowledge. I understand that any intentional false statement or omission of facts may be grounds for dismissal. I have read the information in this form. I am aware that some health conditions may increase my risk to injury or illness when working with research animals. I understand that I should make my physician aware of these conditions and my duties.

Signature

Date