



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 <u>ALL</u> 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 #		SSN	
Work Phone		Alt. Phone		Email	
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