

Washington University Health History Screen for Personnel Handling Animals

Please complete, obtain supervisor signature and call Employee Health at 362-3528 for an appointment

Name _____ SS# _____

Date of Birth _____ Dept _____

Work Phone # _____ Appointment _____

Species of Animals Handled (check all that apply)

_____ Mice/Rats _____ Chickens/Pigeons _____ Pigs/Goats

_____ Rabbits _____ Bats/Cats/Dogs _____ Reptiles

_____ Baboons _____ Squirrel Monkeys _____ Macaques

_____ Other _____

Biohazards (describe)

Infectious Agents (describe)

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Employee Health will complete this section

Category ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6

Service Complete _____

ALL INFORMATION IS CONFIDENTIAL

Immunization History (dates only)

_____ Tetanus Vaccine	_____ Rabies Vaccine
_____ Measles/Mumps/Rubella	_____ Hepatitis B Vaccine/3
_____ Smallpox Vaccine	_____ Varicella Vaccine
_____ Hepatitis A Vaccine/2	_____ Meningitis Vaccine

Allergies (describe)

1) Medications

2) Animals

Are you currently under the care of a physician for acute or chronic medical conditions? (blood pressure, diabetes, arthritis, heart, headaches, lung, kidney, cancer or immunosuppression)

List all medications you are currently taking
