

## LAOHP Animal Use and Allergy Questionnaire

This questionnaire aims to assess any potential allergic reactions or sensitivities to animals among students, faculty, and staff participating in animal-related activities or environments at Towson University, as it pertains to the Occupational Health Program for Personnel with Substantial Laboratory Animal Contact (LAOHP).

### Instructions

Please answer the following questions truthfully and to the best of your ability. If you have any concerns or need assistance, contact the TU Health Center or Environmental Health and Safety (EHS). Please print the following information where required.

### Section 1: Personal Information for Laboratory Personnel

Last Name	First Name, MI	Date of Birth (MM/DD/YYYY)
TU ID #	Department/College	Laboratory Personnel Role: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other: _____
Primary Contact Number	E-mail Address	Principal Investigator/Supervisor
Emergency Contact Person	Emergency Contact Number	Relationship to Personnel

- The personnel risk assessment status for this form (Check one):  
☐ Initial ☐ Annual Renewal

### Section 2: Medical Surveillance

- Have you visited the TU Health Center or other provider during the past year for any of the following work-related reasons (If Yes to any, please provide details):  
☐ Injury ☐ Illness ☐ Rash/Skin Issue ☐ Respiratory Issue  
☐ Animal Bite/Scratch ☐ Hazmat Exposure

Please explain: \_\_\_\_\_

- For exposure to hazardous material (hazmat), select route of exposure:  
☐ Contact (Dermal/Eye) ☐ Ingestion ☐ Inhalation/Aspiration ☐ Injection/Needlestick
- How frequently did you seek medical attention during the past year for a work-related illness or injury?

4. Have you had a new diagnosis of asthma or environmental allergies in the past year?  
☐ Yes ☐ No

### Section 3: Animal Exposure History

1. Have you had previous exposure to animals in a research, teaching, or workplace setting? ☐ Yes ☐ No  
 If yes, please briefly describe the type(s) of animals and the nature of your exposure (e.g., working in a lab, handling animals, animal-assisted therapy, etc.)

2. What types of animals have you been in contact with? (Check all that apply)

Animal (Live, Tissue, Fluids)	List Species (if known)	Exposure		Frequency of Contact			
		Past	Current	Daily	1-3X/ Week	1-3X/ Month (<6X/Yr)	Rare
<input type="checkbox"/> Amphibians (frogs, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Arachnids (spiders, scorpions, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Birds (pigeons, chickens, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cats/Dogs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fish (freshwater/marine)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gastropods, terrestrial (snails, slugs, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Insects (roaches, crickets, fruit flies, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Marine Invertebrates (mollusks, crustaceans, cnidarians, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Marine Mammals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Non-Human Primates*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reptiles (lizards, snakes, turtles, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rodents (mice, rabbits, rats, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ruminants* (cattle, goats, sheep, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Large Animals, terrestrial (horses, pigs, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (please specify): _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Have you ever experienced an allergic reaction to animals or animal-related products (e.g., dander, saliva, urine, slime)? ☐ Yes ☐ No  
 If yes, please specify the symptoms experienced (e.g., sneezing, rash, respiratory issues).

4. Have you been exposed to any of the following in conjunction with animal exposure?  
(Check all that apply)

Hazardous Materials	If Checked, Please Specify:
<input type="checkbox"/> Anti-Neoplastic Agents	
<input type="checkbox"/> Carcinogens, Chemical	
<input type="checkbox"/> Human Specimens (e.g. cells, body fluids)	
<input type="checkbox"/> Infectious Agents	
<input type="checkbox"/> Mutagens	
<input type="checkbox"/> Radiation	
<input type="checkbox"/> Recombinant DNA	
<input type="checkbox"/> Reproductive Hazards/Teratogens	
<input type="checkbox"/> Other	

#### Section 4: Allergy History

1. Do you have any known allergies? ☐ Yes ☐ No  
If yes, please list all allergies (e.g. pet dander, dust, mold, foods, medication, chemicals).
2. Have you ever been diagnosed with asthma or other respiratory conditions?  
☐ Yes ☐ No  
If yes, do you use any medications to manage these conditions?  
☐ Yes ☐ No  
If yes, please provide details of medications used.
3. Have you ever had an allergic reaction that required medical treatment (e.g., epinephrine, hospitalization)? ☐ Yes ☐ No  
If yes, please provide details.
4. Do you have any skin problems related to work (e.g. reactions to latex gloves)?
5. Do you experience any of the following symptoms when exposed to animals or animal products? (Check all that apply)
- |                                                                  |                                                              |
|------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Sneezing                                | <input type="checkbox"/> Skin rash or hives                  |
| <input type="checkbox"/> Coughing                                | <input type="checkbox"/> Difficulty breathing                |
| <input type="checkbox"/> Wheezing                                | <input type="checkbox"/> Swelling of lips, tongue, or throat |
| <input type="checkbox"/> Itchy or watery eyes                    | <input type="checkbox"/> Nausea                              |
| <input type="checkbox"/> Other symptoms (please describe): _____ |                                                              |

6. If you answered Yes to any of the above questions, has the problem worsened over the past year?

### Section 5: Current Animal Use Participation Risk Assessment

- Will you be participating in any activities involving animals at Towson University?  
☐ Yes ☐ No  
 If yes, please describe the activity (e.g., research, lab work, fieldwork, animal care, etc.) and the type of animal(s) involved.
- Will there be any animal contact [Animal/Tissue/Bodily Fluids]? (Check all that apply)  
☐ No Direct Contact (Observes Animals Only; Enters Animal Facility)  
☐ Tissue/Fluids Only (Does not conduct procedures on live animals, but handles unfixed animal tissues and body fluids)  
☐ Handles Animals (Handles, restrains, collects specimens from, and/or administers substances to live animals)  
☐ Invasive (Performs invasive procedures [e.g. obstetric procedures, surgery, necropsy])
- Are you aware of any accommodations or protective measures available for individuals with allergies to animals? ☐ Yes ☐ No  
 If yes, would you like assistance in arranging any accommodations (e.g., designated animal-free zones, personal protective equipment)? ☐ Yes ☐ No

### Section 6: Immunization History & High-Risk Activity

- Do you have the following immunizations/vaccinations?

Immunization, Frequency	Vector	Received?
Tetanus (DTP or Td), every 10 years	Dirt, Feces	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis B	Non-Human Primates*, Humans (Blood/Bodily Fluids)	<input type="checkbox"/> Yes <input type="checkbox"/> No
MMR #1 (series of two required; measles, mumps, rubella)	Non-Human Primates*, Humans	<input type="checkbox"/> Yes <input type="checkbox"/> No
MMR #2 (second vaccination)	Non-Human Primates*, Humans	<input type="checkbox"/> Yes <input type="checkbox"/> No
Toxoplasma Serum Titer, immunosuppressed or pregnant	Cats (Feces), Infected Animals	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rabies (initially two, then one a year later; every 2-3 years thereafter)	Unvaccinated Cats/Dogs, Carnivores, Other Vectors	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Do you plan to work with ruminants (e.g. goat, sheep), non-human primates, or material derived from them? **\*These animal species are considered high-risk and are not currently utilized for research at TU. If yes, contact EHS for further risk assessment.**

**Section 7: Additional Information**

1. Is there any other relevant medical or allergy information you think should be considered in relation to animal exposure at Towson University?

**Section 8: Acknowledgement**

By signing below, you acknowledge that the information provided above is accurate to the best of your knowledge. You also agree to notify the appropriate university authorities if any of your information changes, especially if you develop new allergies or sensitivities to animals.

<b>Signature, Personnel</b>	<b>Date</b>

<b>Office Use Only - Reviewed by</b>	
<b>Signature, Vivarium Manager</b>	<b>Review Date</b>
Follow-Up Actions Needed (if any):	
<b>Signature, EHS/Biosafety Officer</b>	<b>Review Date</b>
Follow-Up Actions Needed (if any):	

**Privacy Notice:**

This information is confidential and will only be shared with relevant university personnel, including health and safety officers, to ensure your safety and well-being in animal-related activities.

This form can be adjusted further based on specific university protocols or requirements.