

**Northeast Ohio  
Medical University**

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**Office of Environmental  
and Occupational  
Health and Safety**



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**Research Animal Worker  
Re-assessment Form**

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**CONFIDENTIAL**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

The above employee has completed the Research Animal Worker Re-assessment Form. The form was reviewed by a Health Care Professional on behalf of NEOMED.

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Health Care Professional

**CONFIDENTIAL**

SUMMA Corporate Health

NEW Center

NEOMED

# NEOMED Occupational Health Program

## Occupational Health Program Exposure Profile and Re-assessment Form for NEOMED Animal Workers



The following information is being collected to help you assess your own risk, to detect early symptoms of illness due to animal work and to provide medical consultation. Based upon the info provided, you may be required to follow-up with an occupational health professional.

**Re-assessment, via this form, will be required by ALL Animal Workers at least once every THREE years in accordance with AAALAC program documents or more frequently if duties or hazards change.** Workers may request a re-assessment at any time should their duties or health change.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

DOB: \_\_\_\_\_

Date employed: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1. Please circle all animal species with which you work:

- |         |       |          |              |
|---------|-------|----------|--------------|
| Bats    | Cats  | Dogs     | Guinea Pigs  |
| Gerbils | Mice  | Rats     | Sheep        |
| Swine   | Voles | Primates | Field Caught |
| Other   | _____ |          |              |

2. Have you ever been diagnosed with allergies?  
Yes No

If YES, please complete and attach the NEOMED Allergy form found [here](#).

3. Please list any medications. If NONE, list NONE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Circle any of the following you regularly have.

- Itching/tearing eyes
- Wheezing
- Positive TB skin test
- Chest tightness
- Stuffy/ running nose
- Sneezing
- Recurrent cough
- Asthma
- Skin rash/hives
- Shortness of breath
- Immune deficiency, cancer or steroid use

5. If you've circled any of the above, have symptoms worsened in past year?

YES NO

6. Have you ever developed any symptoms, illnesses or infections as a result of animal work?  
Yes No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

7. Are you immune-compromised? YES NO  
If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

8. Are you pregnant? YES NO

9. Do you have any health and safety concerns for which you would like to speak to an Occupational Health professional?

Yes No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please sign and date the form below. Fold, staple and return to SUMMA Corporate Health, NEW Center; NEOMED.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date