MEDICAL IN CONFIDENCE

NUS ANIMAL WORK HEALTH QUESTIONNAIRE

Full Name Staff/Student/Attached – pls circle	Job Title	Department/Institution
NRIC/FIN No. Staff No./Student Matric No.	Date of Birth (dd/mm/yy) NUS Email	Supervisor/PI Name and Contact Number
Home Address	Contact Number Work: HP:	**Allergies – DRUG/FOOD or others**

A: OCCUPATIONAL RISK FACTORS

What Biosafety Level Lab will you be working in? BSL □ 1 □ 2 □ 3
ABSL □ 1 □ 2 □ 3

1. LABORATORY ANIMAL USE

- ❒ I am no longer active on an approved animal use protocol, and will not be working in areas where animals are housed or transported. (If checked, stop here and return this page).
- ❒ I am on an approved animal use protocol, but will not be handling animals, animal tissues or cell lines, or working in areas where animals are housed or transported.
- ❒ I am on an approved animal use protocol and working with animals.
- ❒ I am not handling animals, but will be working in areas where animals are housed, or transported.
- ❒ I will be involved with veterinary care or animal husbandry.
- ❒ I am working with human specimens (cells, body fluids, etc.) in conjunction with animal studies.

Animals/tissues/fluids used or handled	**Frequency of Contact**			
	Daily	**1-3 times/wk**	**1-3 times/month**	**Infrequent**
❒ Rodents (eg mice, rats, guinea pigs)				
❒ Wild rodents				
❒ Rabbits				
❒ Dogs				
❒ Cats				
❒ Birds				
❒ Marine mammals				
❒ Reptiles				
❒ Fish				
❒ Goats				
❒ Pigs				
❒ Sheep ❒male ❒female				
❒ Tree shrews				
❒ Non-human primates ❒ Macaque ❒ Macaque-derived materials				
❒ Others (specify): _____				
❒ **Human specimens** (cells, blood, body fluids)				

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2. PROVIDE THE FOLLOWING FOR EACH AGENT YOU ARE EXPOSED TO IN CONJUNCTION WITH ANIMAL STUDIES

Describe the type of research work		**Please specify**
Work with any bacteria, viruses or fungi (such as isolation, culturing, mutation testing)	□ Yes □ No	
Will you be handling Hepatitis B, C, Hepatocellular cancer material, HIV and liver toxic chemicals (like Aflatoxins)	□ Yes □ No	
Culturing of virus infected cells	□ Yes □ No	
Processing of samples of tissues or body fluids (blood, serum, saliva etc) from humans or other primates	□ Yes □ No	
For BSL3 / ABSL3 Lab – is this a Mixed Pathogen Lab?	□ Yes □ No	

Do you work in the presence of the following hazards?

Hazardous chemicals (eg corrosives, carcinogens, toxic and cytotoxics)	□ Yes □ No	
Animals If 'Yes', have you cleared Medical Evaluation for Work with Lab Animals?	□ Yes □ No □ Yes □ No	Specify type of animals:
Radioactive substances If 'Yes', do you have radiation license?	□ Yes □ No □ Yes □ No	
Lasers If 'Yes', do you have Laser license?	□ Yes □ No □ Yes □ No	
Noise	□ Yes □ No	

B: PERSONAL HEALTH HISTORY

1. DO YOU HAVE A KNOWN HISTORY OF ANY OF THE CONDITIONS?

1. Work or animal-related injury or illness in past 12 months? □ Yes □ No
2. Tuberculosis or close contact with tuberculosis patient? □ Yes □ No
3. Chronic disorder of blood cells □ Yes □ No
4. Diabetes mellitus □ Yes □ No
5. Autoimmune disease eg lupus, rheumatoid arthritis □ Yes □ No
6. Cancer □ Yes □ No
7. Chronic viral infection eg HIV, Hepatitis B or C □ Yes □ No
8. Congenital conditions resulting in immunodeficiency □ Yes □ No
9. Long term steroid treatment for any condition □ Yes □ No
10. Chronic lung condition resulting in reduced lung function eg asthma □ Yes □ No
11. Environmental allergies? ` □ Yes □ No
12. latex allergies? □ Yes □ No
13. Are you currently pregnant or planning pregnancy in the next year? □ Yes □ No

Please elaborate any 'Yes' answers: _____

2. HAVE YOU BEEN VACCINATED AGAINST THE FOLLOWING?		**Indicate Vaccination dates**
Tetanus	□ Yes □ No	
Hepatitis B	□ Yes □ No	
Hepatitis A	□ Yes □ No	
Seasonal Flu	□ Yes □ No	
Measles, mumps, rubella	□ Yes □ No	
BCG (Bacille Calmette-Guerin for TB)	□ Yes □ No	
Rabies	□ Yes □ No	
Hepatitis B screen	□ Yes □ No	If Yes – Hep Bs Antigen: Non-reactive/Reactive Hep Bs Antibody: unit
Other past vaccinations – please specify:		

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3. ENVIRONMENTAL ALLERGIES/ASTHMA

	Yes	No	Don't Know
1. Are you allergic to any animal(s)?	❒	❒	❒
If yes, list the animals that caused your allergy symptoms _____			
_____			
2. Do you have any other known allergies?	❒	❒	❒
If yes, list cause(s) of allergies: _____			
_____			
3. List symptoms that occur when you are suffering from your allergies:	❒	❒	❒
_____			
4. List treatment that you receive to relieve your allergies: _____	❒	❒	❒
_____			
5. Do you have asthma?	❒	❒	❒
If yes, list cause(s) of asthma *(if you do not know, write "UNKNOWN")*			
_____			
6. Do you currently have allergy symptoms or asthma specifically related to animals that you currently work with?	❒	❒	❒
If yes, list symptoms: _____			
7. Do you have any skin problems related to work (e.g., reactions to latex gloves; Dry cracked skin; rashes)?	❒	❒	❒
If yes, describe: _____			
8. Do you experience shortness of breath at work?	❒	❒	❒
If yes, explain: _____			
_____			
9. Do you wear a fit tested respirator to perform activities at work?	❒	❒	❒
If yes: date of last fit testing _____			

4. FOR INDIVIDUALS WORKING WITH NON-HUMAN PRIMATES

	Yes	No
1. Have you had naturally-acquired measles (rubella)?	❒	❒
2. Have you had measles immunization?	❒	❒
If yes, approximate date of vaccination(s) _____		
3. Tuberculosis Surveillance		
a. Have you ever lived in countries other than Singapore?	❒	❒
If yes, list countries: _____		
b. Have you had active tuberculosis?	❒	❒
If yes, list year and description of treatment		
c. Date of BCG vaccination: _____		
d. Date of last tuberculosis skin test: _____		
e. Results of TB skin test ❒ Positive ❒ Negative		
f. Date of last chest X-ray: _____		

C. Declaration (Please Tick)

- ☐ **I declare that I have answered this form truthfully and to the best of my knowledge. I understand that NUS at its discretion can choose not to bear costs of any future illness or treatment should there be false or incomplete declaration of the above.**
- ☐ **I consent for the relevant information to be conveyed to my Supervisor or Department in NUS.**
- ☐ **I consent to the release of my medical details to the treating clinic/hospital/doctor(s) concerned in the event of an incident or where deemed necessary.**

Signature/Name/NRIC: _____ **Date:** _____