



California State Polytechnic University, Pomona ♦ 3801 W. Temple Ave, Pomona, CA 91768

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Office of Environmental Health and Safety

## Health History Questionnaire (HHQ)

FOR USERS EXPOSED TO, OR PLANNING TO WORK WITH LABORATORY ANIMALS

**CONFIDENTIAL**

Information provided in this questionnaire may become a part of your CONFIDENTIAL medical records maintained by Student Health Services. Completion of this questionnaire is a requirement for working with animals on specific protocols designated by the Cal Poly Pomona Animal Care and Use Committee. Failure to complete the HHQ in a timely manner may result in an academic hold for the subsequent quarter until completed and ineligibility to work with animals may affect course standings.

### Identification

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ (MM/DD/YY) Male ☐

Bronco/Employee Number \_\_\_\_\_ Female ☐

### Animal Use Protocol(s) and Principle Investigator or Course Code, Section and Faculty member for which authorization is requested

(Indicate Protocol Number or Course Code & Responsible Faculty Member):

\_\_\_\_\_

### Locations where you will be working with animals

(Please provide building, room number & phone extension if working on campus.)

\_\_\_\_\_

\_\_\_\_\_

### Where can you be contacted?

#### Campus Address

Room/Bldg \_\_\_\_\_

Department \_\_\_\_\_

Extension \_\_\_\_\_

E-mail \_\_\_\_\_

#### Permanent Address

\_\_\_\_\_

Apt# \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_

### Current Employment/Academic Status (check all that apply):

Undergraduate Student ..... ☐

Faculty ..... ☐

Animal Handler ..... ☐

Staff ..... ☐

Graduate Student ..... ☐

Research Technician/Associate ..... ☐

Volunteer ..... ☐

Other \_\_\_\_\_ ☐

## Which animals/organisms will you have contact with?

(Consult with Responsible Faculty Member and Check all that apply.)

**Minimal** - ☐ Class 1 Pathogens (bacterial, viral, or fungal agents not known to cause disease in healthy adult individuals). ☐ other

**Low** - ☐ amphibians, ☐ fish ☐ reptiles ☐ Class 1 Pathogens (bacterial, viral, or fungal requiring Biosafety Level 1) ☐ other

**Mild** - ☐ rats, ☐ mice, ☐ rabbits, ☐ guinea pigs, ☐ hamsters, ☐ gerbils, ☐ birds, ☐ swine ☐ other

**Moderate** - ☐ dogs, ☐ cats, ☐ sheep, ☐ cattle, ☐ goats, ☐ horses, ☐ wild rodents ☐ other

**Marked** - ☐ Class 2 Pathogens (bacterial, viral, or fungal infections requiring Biosafety Level 2) ☐ other

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Minimal = minimal risk to health

Low = low risk to your health

Mild = mild risk to your health

Moderate = moderate risk of injury (bites, scratches, kicks, and crushing), zoonotic diseases

(rabies, Q fever, Hanta virus, bacterial and fungal infections), and significant potential for allergies.

Marked = marked risk to your health

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\*\*\*Please note that risk is elevated for all categories if your immune system is compromised

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## Health History:

Do you have or have you ever had any of the following?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	ANY symptoms when working with animals?
<input type="checkbox"/>	<input type="checkbox"/>	allergic conjunctivitis?
<input type="checkbox"/>	<input type="checkbox"/>	allergic dermatitis or hives?
<input type="checkbox"/>	<input type="checkbox"/>	allergic rhinitis or hayfever?
<input type="checkbox"/>	<input type="checkbox"/>	allergy to latex products?
<input type="checkbox"/>	<input type="checkbox"/>	anaphylaxis?
<input type="checkbox"/>	<input type="checkbox"/>	animal allergy of any kind?
<input type="checkbox"/>	<input type="checkbox"/>	asthma?
<input type="checkbox"/>	<input type="checkbox"/>	cancer or malignancy?
<input type="checkbox"/>	<input type="checkbox"/>	chemotherapy?
<input type="checkbox"/>	<input type="checkbox"/>	chronic health conditions (e.g. diabetes, rheumatoid arthritis)?
<input type="checkbox"/>	<input type="checkbox"/>	connective tissue disease?
<input type="checkbox"/>	<input type="checkbox"/>	exposure to person(s) with tuberculosis, measles or any serious infection?
<input type="checkbox"/>	<input type="checkbox"/>	heart birth defect?
<input type="checkbox"/>	<input type="checkbox"/>	heart valve disease, rheumatic fever or artificial heart valve?
<input type="checkbox"/>	<input type="checkbox"/>	immune deficiency?
<input type="checkbox"/>	<input type="checkbox"/>	immune system suppression with drugs or therapies?
<input type="checkbox"/>	<input type="checkbox"/>	infection acquired from an animal (zoonotic infection)?

Do you have or have you ever had any of the following?

Yes

No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | kidney disease?  |
| <input type="checkbox"/> | <input type="checkbox"/> | liver disease or hepatitis (B or C)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | lung disease?  |
| <input type="checkbox"/> | <input type="checkbox"/> | sickle cell anemia?  |
| <input type="checkbox"/> | <input type="checkbox"/> | spleen disease or absence of spleen?   |
| <input type="checkbox"/> | <input type="checkbox"/> | ANY changes to your health since you last completed this questionnaire?        |
| <input type="checkbox"/> | <input type="checkbox"/> | ANY injuries/accidents working with animal since you last completed this form? |
| <input type="checkbox"/> | <input type="checkbox"/> | <b><u>Females Only:</u></b> pregnant or planning to become pregnant?           |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently taking any medications? If Yes, please list below.           |

Please elaborate on any "yes" responses to questions above \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all of your current medications and dosages \_\_\_\_\_

\_\_\_\_\_

Date last Tetanus Booster: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last TB test: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result \_\_\_\_\_

Rabies Vaccine? \_\_\_\_ Yes \_\_\_\_ No If yes, date series completed \_\_\_\_/\_\_\_\_/\_\_\_\_ Titer done? Y or N

Please seek consultation with your medical provider if your immune system is compromised by disease or drugs. If you are or are planning to become pregnant, also consult with a physician. The information on this form should be kept confidential according to state law. If you believe any question amounts to an invasion of your privacy, you do not have to answer it. Its usefulness in protecting you and your environment from hazards depends on the accuracy of the information you submit. The medical provider is required to provide a written statement of any health hazard to your employer or professor, with a copy to you, which relates only to performance of job tasks and does not reveal personal medical information.

By signing below, I certify that the information provided on this form is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS:**

1. Contact Student Health Center (909) 869-4000 to schedule an appointment for an Animal Health History Screening with a physician. If unavailable, you may schedule with another provider.
2. You must bring this completed and signed HHQ with you to your appointment.
3. If not retained by Student Health Center, keep the original HHQ for your own records. **Do not submit to Environmental Health & Safety, your professor or any non-medical personnel.**
4. Detach the last page containing the physician's approval to submit to your Instructor.
5. For questions, contact Lance Coey, Environmental Health & Safety at extension 5054 or via email: lwcoey@cpp.edu.

**Physician Signature Page Below**

**For Physician Use Only**

Patient Encounter No: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Work/exposure to animals is **RECOMMENDED** ☐ **NOT RECOMMENDED** ☐

**RECOMMENDED WITH RESTRICTIONS/PROTECTIONS** ☐

Comments (*if any*):

**ROUTING INSTRUCTIONS:**

*This signature page does not contain any confidential information and a copy of which can be provided to instructors or other individuals to satisfy the HHQ requirements as requested.*

***Please ensure that Bronco ID, full name, CPP e-mail and course info is added to this form before submitting for course credit.***

**Students:** Complete the following section if submitting the signature page

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**Bronco ID:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Cal Poly Email Address:** \_\_\_\_\_@cpp.edu

**Course/Lab:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_