



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

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

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

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"/> | <u>Females Only:</u> 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

Bronco ID: _____

Full Name: _____

Cal Poly Email Address: _____@cpp.edu

Course/Lab: _____

Instructor: _____