|  |  |
| --- | --- |
| **Name:** |     |
| **Date of Birth:** |   |   | **Pitt ID:** | **2P** |   |
| **Gender (circle one):** | Male |  | Female |  |  |  |   |   |   |
| **Address:** |     |   | **Cell Phone:** |   |
| **City/State/Zip:** |    |   | **Work Phone:** |   |
|  |  |  |  |  |
| **Are you still involved in the care of animals or their living quarters; OR have contact with animals (dead or alive), their viable tissues, body fluids or waste?** |
| **☐ YES:** Please update the following information and return form. | **☐ NO:** Sign and date at the bottom of page and return form. |
| **This form can be faxed to: 412-647-5051 or emailed to:** **myhealthatworkpitt@upmc.edu***My*Health@Work for University of Pittsburgh **Employee Health Services**Medical Arts Building3708 Fifth Avenue, Suite 505Pittsburgh, PA 152 |
| **Please update what type of animals or animal tissues you have contact with at work:**  |
| Mice, rats, gerbils, hamsters, guinea pigs (circle) | Yes | No | Non-Human Primates | Yes | No |
| Rabbits | Yes | No | Sheep/Goats/Swine (circle) | Yes | No |
| Cats | Yes | No | Cows | Yes | No |
| Dogs | Yes | No | Ferret | Yes | No |
| Fish/Frogs/Turtles (circle) | Yes | No | Prairie Dogs | Yes | No |
| Other: |
| **Do you CURRENTLY work with any of the following:**  |
| Influenza | Yes | No | HIV/SIV | Yes | No |
| Vaccinia | Yes | No | Hepatitis Virus | Yes | No |
| Rabies | Yes | No | BSL 3 Agents | Yes | No |
| **Do you experience any of the following symptoms during animal exposure:** |
| Cough | Yes | No | Itching, tearing, swelling of eye | Yes | No |
| Nasal Discharge/Stuffiness | Yes | No | Chest tightness or wheezing | Yes | No |
| Skin Rash or Itchiness | Yes | No | None | Yes | No |
| Sneezing | Yes | No |  |  |  |
| **Do you currently use a respirator or face/dust mask when in contact with animals?** | Yes | No |
| **I certify that I understand all requests for information contained on this form and certify that the information supplied by me on this form is correct to the best of my knowledge.**  |
| **Signature:**  |   |   |   |   |   |   |   | **Date:** |  |   |   |   |   |
|  |   |   |   |   |   |   |   |   |  |  |   |  |   |   |