|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**](mailto:myhealthatworkpitt@upmc.edu)  *My*Health@Work for University of Pittsburgh  **Employee Health Services**  Medical Arts Building  3708 Fifth Avenue, Suite 505  Pittsburgh, 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:** |  |  | |  |  |  |
|  |  | |  |  |  |  |  |  |  | |  |  |  | |  |  |  |