

# Occupational Questionnaire for Personnel Assigned to Laboratory Animal Facilities

California State University, Long Beach

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Department: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Species of animals handled: \_\_\_\_\_

Allergy History:

Have you ever had allergic problems (yes / no) ?

Nasal \_\_\_\_\_

Eye \_\_\_\_\_

Bronchial \_\_\_\_\_

Other \_\_\_\_\_

Are you now under treatment for allergies? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes explain: \_\_\_\_\_

Do you have allergy to (yes / no):

Birds(feathers) \_\_\_\_\_ Rats or Mice \_\_\_\_\_

Rabbits \_\_\_\_\_ Squirrels \_\_\_\_\_

Wood shavings \_\_\_\_\_ Other (describe) \_\_\_\_\_

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