



Annual Medical Surveillance Questionnaire

Completion of this form is an annual requirement for all CU Denver/Anschutz personnel who work with animals or hazardous materials. Access to the CU Anschutz vivarium may be denied if this form is not completed on an annual basis. All information is privileged and confidential. There is no charge for processing this form.

SUBMISSION INSTRUCTIONS: This form can be emailed, mailed or submitted in person. THE PREFERRED METHOD IS ELECTRONIC.

ADDRESS: Occupational Health Program, 13001 E. 17th Place, Fitzsimmons Building, second floor (W2214) Aurora, CO 80045

EMAIL: Occupational.Health@cuanschutz.edu PHONE: 303-724-9145

Section 1.0 Personal Information

Name:	Gender:	Date of Birth:	Today's Date:	Speed Type:
ID:	Job Title:			
Campus: AMC Downtown VA DH Boulder CSU Other:	Dept.:			
Work #:	Cell #:	Building and Lab Room #:		
Protocol #:	Email:			

List all PIs/Supervisors:

I am a PI who does not actively engage in lab/bench work and never goes into the vivarium (If checked, skip sections 2-3. Sign and date at bottom and submit.)

Section 2.0 Research Exposure Information

1. Select the animals that you have contact with at work:		2. Select other:		NO CONTACT WITH HAZARDOUS MATERIALS	
NO CONTACT WITH ANIMALS		Viral vectors (list):			
Rodents (mice, rats, hamsters, gerbils, rabbits, chinchillas)		Recombinant DNA (rDNA)		Generating/aerosolizing nanomaterials	
Non-human primates		Human cells, tissue, or blood		Immortalized only	
Guinea pigs: Hairless Haired		Radioactive material: Carbon-14 Sulfur-35 X-rays			
Cats		Anesthetic gas use: Hydrogen-3 Phosphorus-32 Iodine-125 Other (please specify):			
Pigs: Awake Anesthetized Only		Anti-neoplastic drugs		Toxins/venoms (list):	
Sheep		Formaldehyde ≥ 37% <37%		Lasers (select): Microscopy Class 3B	
Cows		Animal cell culture		Class 4	
Fish, frogs, or other aquatic animals		Unfixed animal tissue (list):			
Field studies		Infectious agents (list):			
Ferrets		Teratogens or carcinogens (list):			
Others (list):		Hospital bedside (Research protocol requires work in a clinical setting)			

Section 2.5 Facilities/Police Exposure Information (leave blank if not applicable)

1. Which of the following building areas will you enter for your work within the next year? (select all that apply)		<u>Facilities only:</u>	
Perinatal Research Facility (AK32- Red Zone)		Please check if you are one of these specialties:	
Education 1 (P26- State Anatomical Board)		Plumbing	
Research 2 (P15- Vivarium)		Paint booth	
Other (please list):		Grounds	
Research 1 North (P18- Vivarium, ABSL3, BSL3)			

Section 3.0 Medical History

1. Do you have any new allergies to animals or latex? Yes No If so, please list them:		
2. Do you have any of the following symptoms while working with animals?		
Watery, burning, or itchy eyes	Sneezing or coughing	Shortness of breath
Chest tightness	Skin rash or hives	None of the above
Runny nose	Wheezing	
3. Are you immune-compromised or have any significant medical issues? Yes No If so, please specify:		

Section 4.0 Employee Signature Certification: I verify the above information is correct.

Employee Signature:	Date:
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