



Annual Medical Surveillance Questionnaire

Completion of this form is an annual requirement for all CU Denver/Anschutz employees 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, Mail Stop H275, 12348 East Montview Blvd., 2nd Floor, Aurora, Colorado 80045

EMAIL: Occupational.Health@cuanschutz.edu PHONE: 303-724-9145 FAX: 303-724-9213

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, do not complete sections 2-4. Sign and date at bottom and submit to Occupational Health.

Section 2.0 Exposure Information

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

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:

<input type="checkbox"/> Watery, burning, or itchy eyes	<input type="checkbox"/> Sneezing or coughing
<input type="checkbox"/> Chest tightness	<input type="checkbox"/> Skin rash or hives
<input type="checkbox"/> Runny nose	<input type="checkbox"/> Wheezing
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> N/A

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: _____