

# Animal Allergy Screening Form

Sex: M F

Name (Last, First, MI)

Date of Birth

Today's Date

Home Address

Home Phone

Employer: BU BMC

Campus: BUMC CRC

Employer ID#

Department

Job Title

Work Phone

Fax

Email

PI/Supervisor Name

PI/Supervisor Work Phone

PI/Supervisor Email

Please mark the appropriate boxes that reflect your current symptoms.

Nasal/Sinus	Throat	Eyes	Skin	Chest
Runny or stuffy nose	Soreness	Itching	Rash	Wheezing
Sneezing	Hoarseness	Watering	Hives	Coughing
Itchy nose	Bad breath	Burning	Eczema	Tightness
Poor sense of smell	Swelling	Redness	Itching	Shortness of breath
Post nasal drainage	Other:	Puffy around eyes	Redness	Frequent bronchitis
Other:		Dark circles	Other:	Other:
		Matted eyelashes		

Identify the animals causing your current symptoms in the boxes below. Do you currently work with these animals? YES NO

Chickens or Chicken Eggs	Chinchillas	Ferrets	Geckos
Guinea Pigs	Hamsters	Marine Toads	Mice
Pigs	Rabbits	Rats	Salamanders
Sheep	Zebra Fish	African Dawed Frogs (platanna)	
Non-human Primates (macaque)		Other (please identify species here):	

Use the following measures to rate how frequently the symptoms occur:

In the same area with the animal?	Never	Rarely	Occasionally	Always
Holding the animal?	Never	Rarely	Occasionally	Always
At home?	Never	Rarely	Occasionally	Always
Since last year, are symptoms changing?	Never	Rarely	Occasionally	Always

Which of the following measures have been taken to reduce symptoms?

Use Mask	Use Goggles	Use Respirator	Changed Animals
Use Gloves	Use Fumehood	Use Gowns	Changed Jobs

Employee Signature is Required on Following Page

List any medications used to control symptoms including name, dosage, and frequency.

Medication	Dosage	Frequency	Medication	Dosage	Frequency

EMPLOYEE SIGNATURE IS REQUIRED BELOW

Signature

Date

Print Name