

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 _____