# Animal Handler Periodic Medical Questionnaire

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
<th>Today’s Date:</th>
<th>Gender:</th>
</tr>
</thead>
</table>

**Phone number** where the health care provider reviewing this questionnaire could contact you, if needed:

**Mailing Address**

**Supervisor’s Name and Mailing Address:**

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**Which animals** have you worked with in the past year?

**What percent of your work time** have you spent around animals?

Please describe **difficulties with personal protective equipment** at work, such as gloves, gowns, masks, or respirators, if any.

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**In the past year, have you had any of the following?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>New or increasing allergy symptoms (runny nose, sneezing, itchy or watery eyes, skin rashes or hives)</td>
<td>New or increasing respiratory symptoms (frequent cough, shortness of breath, airway wheezing)</td>
</tr>
</tbody>
</table>

If you associate new or increased symptoms with work around animals, please describe these symptoms in greater detail. Which animals seem to trigger or increase your symptoms?

Please describe **any other health concerns** that you relate to your work with animals, if any.

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The above information is accurate to the best of my knowledge.

_______________________________________                             ________________________________
Signature                                                                 Date

Updated 9.2017