

Work with laboratory animals

Information form for *follow-up* of employees after years' work with laboratory animals.

Date:

By work with laboratory animals we mean that a person works with laboratory animals him or herself or is present in a room where work with laboratory animals is performed. Handling small tissue samples and blood from laboratory animals is not regarded as work with laboratory animals provided there is no regular exposure to skin contact. Furthermore, the work or presence in a room with laboratory animals must be for more than a total of 40 hours per year or more than 1 hour per week.

1. PERSONAL INFORMATION

name personal ID number

place of work

position work telephone number

2. WHICH ANIMALS DO YOU WORK WITH (PUT A CROSS)?

Mouse: Rat: Cat: Rabbit: Other:

How much have you worked with laboratory animals since the last health check?

- hours on average per week
- days per month
- and when did you last work with laboratory animals?

3. DO YOU USE PROTECTIVE EQUIPMENT WHEN YOU WORK WITH LABORATORY ANIMALS?

	always	usually	seldom/
fume cupboard/cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
own coat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
plastic apron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
respiratory protective equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. DO YOU GET ANY OF THESE SYMPTOMS DURING OR SHORTLY AFTER WORKING WITH ANIMALS?

	no	yes
itchy, running eyes	<input type="checkbox"/>	<input type="checkbox"/>
nasal problems (itching, running, sneezing or blocked nose)	<input type="checkbox"/>	<input type="checkbox"/>
smarting or dryness in the throat	<input type="checkbox"/>	<input type="checkbox"/>
wheezing/whistling noises in the chest	<input type="checkbox"/>	<input type="checkbox"/>
breathing difficulty attacks	<input type="checkbox"/>	<input type="checkbox"/>
a cough lasting longer than 14 days	<input type="checkbox"/>	<input type="checkbox"/>
itchy skin	<input type="checkbox"/>	<input type="checkbox"/>
hives/urticaria	<input type="checkbox"/>	<input type="checkbox"/>
rash, eczema	<input type="checkbox"/>	<input type="checkbox"/>

5. DO YOU GET ANY OF THESE SYMPTOMS DURING OR SHORTLY AFTER WORKING WITH OTHER SUBSTANCES/PRODUCTS IN THE WORKPLACE?

	no	yes	<u>substance/product</u>
itchy, running eyes	<input type="checkbox"/>	<input type="checkbox"/>	
nasal problems (itching, running, sneezing or blocked nose)	<input type="checkbox"/>	<input type="checkbox"/>	
smarting or dryness in the throat	<input type="checkbox"/>	<input type="checkbox"/>	
wheezing/whistling noises in the chest	<input type="checkbox"/>	<input type="checkbox"/>	
breathing difficulty attacks	<input type="checkbox"/>	<input type="checkbox"/>	
a cough lasting longer than 14 days	<input type="checkbox"/>	<input type="checkbox"/>	
itchy skin	<input type="checkbox"/>	<input type="checkbox"/>	
hives/urticaria	<input type="checkbox"/>	<input type="checkbox"/>	
rash, eczema	<input type="checkbox"/>	<input type="checkbox"/>	

6. HAVE YOU FOR WHATEVER REASON, HAD ALLERGIC PROBLEMS SINCE THE LAST CHECK?

	yes, new to me	previously	no
hay fever (allergic symptoms in the nose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
allergic eyestrain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hives/ urticaria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further information:

7. IN YOUR WORKPLACE, ARE YOU EXPOSED TO SUBSTANCES/EFFECTS THAT GIVE YOU OTHER HEALTH PROBLEMS?

Which substances?

What health problems?

8. SMOKING HABITS

Have you changed your smoking habits since the last check? no yes
 no, yes,

On how many days have you smoked tobacco during the last month?days

FOR HSE SECTION.

Are there any symptoms that might indicate allergy to laboratory animals? no yes

Next check: to doctor (_____ date)
 new health check (_____ month/year)
 no further follow-up now, contact if needed