

Work with laboratory animals

Information form for first health check

Date of health check:.....

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 No.:**.....
Place of work:..... **Position:**.....
Telephone number work:.....

2. WORK WITH LABORATORY ANIMALS

Have you started work with laboratory animals? Yes No

If yes, answer the questions below:

What animals have you worked with? (cross off)

When was your first contact with laboratory animals?

Mouse: <input type="checkbox"/>	Date:.....	Year:.....
Rat: <input type="checkbox"/>	Date:.....	Year:.....
Cat: <input type="checkbox"/>	Date:.....	Year:.....
Rabbit: <input type="checkbox"/>	Date:.....	Year:.....
Other: <input type="checkbox"/>	Date:.....	Year:.....

For how many weeks/months/years would you estimate that you have performed work with laboratory animals in all (> 1 hour

per week)? **How many hours on average per week**

In what type of work does the contact with laboratory animals occur?.....

Is any protective equipment used when working with laboratory animals?

	Always	Usually	Seldom/never
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"/>

OTHER WORKING ENVIRONMENT EXPOSURE

In your work situation, are you exposed to other substances (chemical substances/biological agents) that give you health problems?

Which substances?.....

What health problems?.....

3. HEALTH PROBLEMS

Have your parents, siblings or children had any form of allergy?

Asthma Yes No
 Eczema /hives Yes No
 Hay fever Yes No

Have you had any of the following illnesses?

Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>	Last year ? yes <input type="checkbox"/>
Hay fever (allergic nasal problems/rhinitis)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Last year ? yes <input type="checkbox"/>
Allergic eye condition (allergic conjunctivitis)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Last year ? yes <input type="checkbox"/>
Atopic eczema (childhood eczema)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Last year ? yes <input type="checkbox"/>
Hives (urticaria)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Last year ? yes <input type="checkbox"/>
Hand eczema	Yes <input type="checkbox"/> No <input type="checkbox"/>	Last year ? yes <input type="checkbox"/>

Do you get any of the following symptoms during or after contact with laboratory animals?

	yes	no
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, running eyes	<input type="checkbox"/>	<input type="checkbox"/>
Nasal problems (itching, running, sneezing or blocked nose)	<input type="checkbox"/>	<input type="checkbox"/>
Smarting, dryness in the throat	<input type="checkbox"/>	<input type="checkbox"/>
Hives	<input type="checkbox"/>	<input type="checkbox"/>
Itchy skin	<input type="checkbox"/>	<input type="checkbox"/>
Rash, eczema	<input type="checkbox"/>	<input type="checkbox"/>

Do you have symptoms during or after work with other substances or products (including a reaction to latex gloves)? State which substances or products.

substance/product	yes	no	
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, running eyes	<input type="checkbox"/>	<input type="checkbox"/>

