

University of Pittsburgh Animal Exposure Surveillance Program (AESP) Update Questionnaire **2014**

Name: _____

Date of Birth: _____ Pitt ID: 2P _____

Gender (circle one): Male Female

Home Address: _____ Work Phone: _____

City/State/Zip: _____ Home Phone: _____

Are you still involved in the care of animals or their living quarters; OR have contact with animals (dead or alive), their viable tissues, body fluids or waste? Check YES or NO below.

YES:

Please update the following information and return form.

NO:

Sign and date at the bottom of page and return form.

This form can be faxed or emailed to Dr. Lang at 412-647-5051 or langyc@upmc.edu.

Employee Health Services
c/o Yolanda Lang, CRNP, PhD
Medical Arts Building
3708 Fifth Avenue, Suite 500.59
Pittsburgh, PA 15213

Please update what type of animals or animal tissues you have contact with:

Rodents (rats/ mice/hamster)	Yes	No	Non-Human Primates	Yes	No
Rabbits	Yes	No	Sheep/Goats/Swine	Yes	No
Cats	Yes	No	Cows	Yes	No
Dogs	Yes	No	Ferret	Yes	No
Fish/Frogs/Turtles	Yes	No	Prairie Dogs	Yes	No

Other: _____

Do you CURRENTLY work with any of the following:

Influenza	Yes	No	HIV/SIV	Yes	No
Vaccinia	Yes	No	Hepatitis Virus	Yes	No
Rabies	Yes	No	BSL 3 Agents	Yes	No

Do you experience any of the following symptoms during animal exposure:

Cough	Yes	No	Itching, tearing, swelling of eye	Yes	No
Nasal Discharge/Stuffiness	Yes	No	Chest tightness or wheezing	Yes	No
Skin Rash or Itchiness	Yes	No	None	Yes	No
Sneezing	Yes	No			

Do you currently use a respirator or face/dust mask when in contact with animals? Yes No

I certify that I understand all requests for information contained on this form and certify that the information supplied by me on this form is correct to the best of my knowledge.

Signature: _____

Date: _____