A. TETANUS IMMUNIZATION
What is the year of your last tetanus immunization?  
(CDC and New York State Dept of Health recommend tetanus immunization every 10 years.)

B. ALLERGIES/ASTHMA/SKIN PROBLEMS

1. Are you allergic to any animal(s)?  
   If yes, please list the animal(s) and their associated allergy symptoms

   Have you had these animal allergy symptoms within the past 12 months?  
   If yes, what is the current severity of your animal allergy symptoms?  
   What animal allergy treatment are you currently using?

2. Are you allergic to any environmental allergens such as grass, trees, pollen, dust?  
   If yes, please list environmental allergens and their associated allergy symptoms

   Have you had these environmental allergy symptoms within the past 12 months?  
   If yes, what is the current severity of your environmental allergy symptoms?  
   What environmental allergy treatment are you currently using?

3. Do you have asthma?  
   If yes, please describe your asthma triggers (if known)

   Have you had asthma symptoms within the past 12 months?  
   If yes, what is the current severity of your asthma symptoms?  
   What asthma treatment are you currently using?

4. Do you have allergy or asthma symptoms specifically related to your work?  
   If yes, please describe your allergy or asthma symptoms at work
Have you had these symptoms within the past 12 months?  
No  Yes

If yes, what is the current severity of these symptoms?  
Mild  Moderate  Severe

What treatment are you currently using for your work-related allergy or asthma symptoms? ______________
5. Have you had any skin problems caused or exacerbated by your work activities? No Yes Don’t know
   If yes, please describe the skin problem

   Have you had this skin problem within the past 12 months? No Yes
   If yes, what is the current severity of your skin problem? Mild Moderate Severe
   What skin problem treatment are you currently using?

C. INCREASED RISKS

1. PREGNANCY RISK
   Some research-related or animal biohazards have adverse effects on pregnancy.
   Are you pregnant or planning to become pregnant in the next year? No Yes Not Applicable

2. COMPROMISED IMMUNITY RISK
   Some research-related or animal biohazards may create an increased risk for individuals who are immunocompromised.
   Are you immunocompromised due to certain diseases (such as cancer, lupus, rheumatoid arthritis, HIV) and/or their treatment (such as steroids, radiation therapy, chemotherapy)? No Yes

3. SHEEP EXPOSURE RISK
   Exposure to sheep may create an increased risk for individuals with certain heart conditions.
   Do you have exposure to sheep AND a history of heart valve disease, heart murmur, or heart disease present from birth? No Yes

D. INJURY/ILLNESS DURING PAST 12 MONTHS

Symptoms of some research-related or animal-related illnesses may not be immediately recognized.
Please check any of the following problems you have had in the past 12 months:

- Chronic cough
- Abdominal cramping
- Diarrhea
- Hand/wrist pain
- Back pain/injury
- Other muscle/joint injury
- Fatigue
- Weight loss
- Fever
- Animal bite/scratch
- Infection from an animal
- Needlestick/laceration/puncture wound
- Chemical exposure
- Other
- No injury/illness during the past 12 months

Please describe problem and treatment:

E. WORK-RELATED HEALTH CONCERNS

Do you have any work-related health concerns that you would like to discuss with an Occupational Medicine health care professional? No Yes

A Gannett Occupational Medicine health care professional will contact you to discuss these concerns. Please indicate the best time to contact you.

To the best of my knowledge, the information included herein is true.

_________________________ / __/___
Signature of Individual Completing This Form Date
After you submit this form, a Gannett Occupational Medicine health care professional will review your form and contact you within a few days if there is a need for a procedure or additional information to complete your medical surveillance requirements.

04/11