

Bowdoin College Occupational Health and Safety Program
Animal Use Questionnaire

The questionnaire should be completed within 30 days prior to the date you will begin working directly and repeatedly with vertebrate animals or vertebrate animal tissues under the auspices of the College. Contact the Health Services- healthservices@bowdoin.edu

6. Are you allergic to any animals? No Yes
If yes, what animal(s)? _____

7. Do you have animals at home? No Yes
If yes, what animal and for how long?

	1-2 years	2-3 years	3-4 years	over 4 years
Dogs				
Cat				
Other (Type) _____				

8. Have you or do you currently use any of the following items when working with animals?

Mask/Respirator	No	Yes
Eye Protection	No	Yes
Gloves	No	Yes
Protective Clothing	No	Yes

9. Please check all symptoms that apply to you in the list below, and give the year of onset:

at _____ of _____

11. Have you ever received allergy (desensitization/immunotherapy) shots?
 No Yes
12. If you have asthma:
 A. When did your asthma start _____ (year)
 B. Are you currently taking any medicine (prescription or over the counter) to control your asthma? No Yes If yes, please list: _____

13. In the last 4 months have you had any surgeries or taken any medications that:
 Lower your body's immune system
 Increases/decreases your heart rate
 Alters your normal breathing pattern

If yes to any of the above, has your Doctor cleared to return to work and/or to work with animals? No Yes

14. Please provide information for the most recent immunization date for the following:
 - Tetanus: _____
 - Hepatitis B: _____
 - Other: _____

Please sign, date, and forward to Occupational Health Associates support@ohamaine.com (staff) or Health Services healthservices@bowdoin.edu (student).

 (Signature)

 (Date)

 (Print Name)

**AUTHORIZATION TO RELEASE
EXAMINATION RESULTS**

This authorization is for use or disclosure of protected health information (PHI) pertaining to:

Name: _____

Address: _____

DOB : _____ Phone: _____

I hereby authorize the following health care provider:

Occupational Health Associates of Maine, P.A.
270 State Rd West Bath, Maine 04530

To my protected health information to:

Name of Employer: Bowdoin College-Occupational Health And Safety Program
Address: 3500 College Station, Brunswick, ME 04011

Purpose of disclosure:

Required examination. Animal Use Questionnaire Results

Protected health information to be released:

Examination results pertaining to the ability to do my job.

Expiration:

This authorization becomes effective immediately and shall expire on: One (1) year from signature date.

This consent to release information does not extend to Mental Health, HIV or Substance Abuse information.

I understand that I am not required to sign this form; however, *Occupational Health Associates* may condition eligibility for the examination service on whether I sign this form. I understand that my refusal to sign may result in adverse consequences.

I understand that PHI released pursuant to this authorization may include records generated by another healthcare provider or facility.

I understand that I have the right to access or copy the PHI described in this form by making a written request to the Privacy Officer.

I understand that I have the right to withdraw my authorization at any time except to the extent that action has been taken in reliance on this authorization. I understand that I may revoke this authorization by submitting a written revocation to the Privacy Officer at *Occupational Health Associates*.

I understand that PHI used or disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer be protected by confidentiality laws.

I understand that I have a right to receive a copy of this authorization.

Signed: _____ Date: _____ (s)-5 (er94P02