

ANIMAL WORKERS QUESTIONNAIRE Laboratory Animal Allergy

Name:

Faculty / School:

Chief Investigator/Supervisor:

Species of animal:

Date:

Please ensure you have read the LAA information sheet. This questionnaire must be completed annually by personnel and students working with animals unless already undergoing regular LAA assessments at the University Health Service.

Question	No	Yes	Maybe
1. Have you experienced any of the following symptoms during or after exposure to animals, their housing or tissues?			
a. Cough, wheezing, chest tightness or difficulty breathing.....			
b. Eczema, skin rashes or wheals when scratched.....			
c. Sneezing, or running or blocked nose.....			
d. Watery or itchy eyes.....			
2. Have you had to stop working with animals because of allergy ?			

Risk Level and Actions

If you have ticked "Yes" or "Maybe" to any of these questions please make an appointment with the University Health Service on ext. 16000 for a LAA assessment and complete an [Incident Report](#). File completed questionnaire in laboratory training folder.

Signature:.....

Supervisor signature:.....