THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
OH&S Occupational Medicine

ALLERGY FORM
ANNUALLY REQUIRED

1. You may submit completed forms electronically to OHSoccmed@uab.edu. This is preferred.
2. You may place the completed forms in a *Confidential Envelop* and return it to:
   UAB OH&S Occupational Medicine
   CH19, Suite 445-2041
3. You may fax the completed forms to (205) 934-7487. Please be aware that the fax machine is located in the main OH&S office and confidentiality cannot be assured.
4. You may deliver your completed forms to CH19 Suite 412 and place them in the secured lock box at the receptionist desk.

YOUR RESPONSES ARE STRICTLY CONFIDENTIAL

Please complete **ALL** of the following information: **DATE**: _____

Check all that apply: ☐Mr. ☐Mrs. ☐Ms. ☐Dr. ☐ Male ☐ Female

Are you employed by UAB? ☐ Yes ☐ No Are you (check one): ☐ Full Time ☐ Part Time ☐ Temporary

Last Name		First Name		MI	
Job Title		Work Address		Blazer ID	
Date of Birth		E-Mail			
Work Phone		Alt. Phone		Dept	
Dept.		Supervisor Name		PI	

Specify best method of contact (if by phone or pager, provide number):	

In the space below, please provide a brief job description (use back of form if more space is required):

Has your job changed so that you no longer have animal exposures? ☐ YES ☐ NO

Status:
(Check all that apply)

☐ Faculty ☐ Staff/Employee ☐ Research Technician/Associate
☐ Student ☐ Veterinarian ☐ Microbiologist
☐ Post Doc ☐ Pathologist ☐ Volunteer
☐ Visiting Scientist ☐ Biologist ☐ Other (specify)_____

Exposure to Animals: Please check all animals that you are exposed to at work.

☐ Mouse ☐ Cat ☐ Monkey: (specify) _____
☐ Rat ☐ Sheep ☐ Birds: (specify) _____
☐ Hamster ☐ Goat ☐ Fish: (specify) _____
☐ Guinea Pig ☐ Pig ☐ Reptiles: (specify) _____
☐ Rabbit ☐ Ferret ☐ Amphibian: (specify) _____
☐ Dog

Animal Allergies: Please check your symptoms and complaints.

Nasal/Sinus
- ☐ Runny or stuffy nose
- ☐ Sneezing
- ☐ Itchy Nose
- ☐ Poor sense of smell
- ☐ Post nasal drainage

Throat
- ☐ Soreness
- ☐ Hoarseness
- ☐ Bad breath
- ☐ Swelling

Eye
- ☐ Itching
- ☐ Watering
- ☐ Burning
- ☐ Redness
- ☐ Puffiness
- ☐ Dark circles
- ☐ Matting in morning

Skin
- ☐ Rash
- ☐ Hives
- ☐ Eczema
- ☐ Swelling
- ☐ Itching
- ☐ Redness

Chest
- ☐ Wheezing
- ☐ Coughing
- ☐ Tightness
- ☐ Shortness of breath
- ☐ Frequent bronchitis

List the animals that cause these symptoms:

Rate how often your symptoms occur as a result of the following situations:

1) when in the same area with the animal: ☐ NEVER ☐ RARELY ☐ OCCASSIONALLY ☐ ALWAYS

2) when handling the animal: ☐ NEVER ☐ RARELY ☐ OCCASSIONALLY ☐ ALWAYS

Are your symptoms becoming better? _____ same? _____ worse? _____

If worse, describe how the symptoms are changing:

Please check what you have done to decrease your symptoms:

☐ use of masks ☐ use of gloves ☐ use of goggles ☐ use of fumehood

☐ changed animals ☐ changed jobs ☐ disposable gowns ☐ respirator

☐ Medications: (if so, please list)

Assurances

I certify that information provided is true and complete to the best of my knowledge. I understand that any intentional false statement or omission of facts may be grounds for dismissal. I have read the information in this form. I am aware that some health conditions may increase my risk to injury or illness when working with research animals. I understand that I should make my physician aware of these conditions and my duties.

_____ _____

Signature Date

If electronically submitted, the form must be sent from the employee's UAB email account to satisfy the signature requirement.

Save Form