



**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:

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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: \_\_\_\_\_

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Please check what you have done to decrease your symptoms:

- use of masks       use of gloves       use of goggles       use of fume hood
- changed animals     changed jobs       disposable gowns     respirator
- Medications: (if so, please list) \_\_\_\_\_

History: \_\_\_\_\_

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**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.**