Request for Services

Falcon Health Center
838 East Wooster
Bowling Green, OH 43402
419.327.2271
419.372.8010 fax

For:

Name: ____________________________

Date of Birth: ____________________

Bill to:

BGSU Athletics □

BGSU □

DESCRIPTION OF SERVICES

Working with laboratory animals - animal allergy survey and exam

Signature - Authorized BGSU Representative

Date

Signature - Authorized Falcon Health Center Representative

Date
Falcon Health Center

Allergy Medical Surveillance Registration

Today’s Date: __________________________

Name: _______________________________________________________________________________

Date of Birth: ____________________________________  Gender: ___________________

Address: _____________________________________________________________________________

_____________________________________________________________________________________

Phone Number: _______________________________________________________________________

Email Address: ______________________________________________________________________

Preferred Language: __________________________________________________________________

Race: White  African American  Indian  Asian  Other  
Ethnicity: Not Hispanic  Hispanic

Date: ____________________  Signature: ___________________________________________
Name: ________________________________________________________________

Date: ________________________________________________________________

Age: ___________________  Sex: _________________________________

Height: ___________________  Weight: _______________________________

A phone number where you can be reached by the health care professional that reviews this questionnaire include area code: ________________________________

Position or job title: ___________________________________________________

Brief Description of duties: _____________________________________________
________________________________________________________________________
________________________________________________________________________

Species of animal currently working with:
________________________________________________________________________
________________________________________________________________________

Exposure controls (ventilation, special caging systems, etc.):
________________________________________________________________________
________________________________________________________________________

Personal protective equipment used: __________________________________________
________________________________________________________________________
________________________________________________________________________

Past occupational history, including animal care: ______________________________
________________________________________________________________________
________________________________________________________________________
Personal medical history including symptoms and treatment for: (circle answer)

Allergic rhinitis or hay fever  Yes/ No
Conjunctivitis/ pink eye  Yes/ No
Anaphylaxis/ allergic reaction  Yes/ No  Caused by? ______________________________
Asthma  Yes/ No  Treated with: ______________________________
Chronic cough  Yes/ No
Eczema/ Hives  Yes/ No
Shortness of breath  Yes/ No  From? ______________________________
Wheezing  Yes/ No

Family history of allergic disease: Who & What: __________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Prior history of allergic symptoms with animal exposure:

Itching, tearing, or swelling of eyes  Yes/ No  What animal? ______________________________
Nasal discharge  Yes/ No  What animal? ______________________________
Coughing  Yes/ No  What animal? ______________________________
Chest tightness or wheezing  Yes/ No  What animal? ______________________________
Skin rash or itching  Yes/ No  What animal? ______________________________

The information on this form is current as of today’s date and I agree to notify my supervisor and/or BGSU’s Animal Facility Director if I experience a new onset of allergic symptoms while working with animals or a change in my health status. Authorization to Disclose Protected Health Information: I hereby authorize the disclosure of the specific information described above to Falcon Health Center. I acknowledge that I may be restricted from working with animals until cleared by a Falcon Health Center physician.

Date: ____________________  Signature: ____________________________________________

Please call the Falcon Health Center at 419-372-2271 to schedule an appointment with a nurse. When scheduling, indicate that the appointment is for working with animals. Appointments are available Tuesday and Thursday mornings. Please bring this completed form with you to the appointment. Please do not bring this form to the UAF, as it contains private health information. Thank you.

Fhc/dsb/animalmedsurv/7/15