

**Animal Worker Questionnaire**  
 (re-submit this form every three years)  
 (complete and FAX to 859-323-9882)

Name	Department	Work Telephone #	Today's Date
Email			
Job Title	Principal Investigator	Protocol Number(s)	
With which specific animals will you be working?			
Please describe, in your own words, the type and extent of animal contact that you will have:			
Have you had a tetanus shot in the last ten years?		Check one:	Yes      No
If "yes," please provide the year:			
Do you have a medical condition and are under a physician's care?		Check one:	Yes      No
Do you have any allergies?		Check one:	Yes      No
If "yes," please specify:			
Have you had, or currently have, any problems working around animals?		Check one:	Yes      No
If "yes," please list dates and the type of problems.			
List agents used in animal work: Chemical (includes anesthetics): Biological:			
Other comments:			

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