

The University of Alabama at Birmingham

ALLERGY FORM ANNUALLY REQUIRED

- 1. You may submit completed forms electronically to ehsocchealth@uab.edu. This is preferred.
- 2. You may fax the completed forms to (205) 934-7487. Please be aware that the fax machine is located in the main EH&S office and confidentiality cannot be assured.
- 3. 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 comp | Please complete ALL of the following information: | | | | | | | | |
|---|---|--|--------------------------------|-------------------|---|------------------|----------------------------|--|--|
| Check all that Are you emplo | apply: | | you (circle | one): | Full Time | ☐ Ma Part Tim | le Female ne Temporary | | |
| Last Name | | First Name | | | | MI | | | |
| Job Title | | Work Address | | | | Blazer ID | | | |
| Date of Birth | | E-Mail | | | | | | | |
| Work Phone | | Alt. Phone | | | | 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 app | Faculty Student Post Doc Visiting Scientist | Staff/Employ Veterinarian Pathologist Biologist | | Microb Volunte | rch Technic iologist eer (specify) | cian/Asso | ociate | | |
| Exposure to Animals: Please check all animals that you are exposed to at work. | | | | | | | | | |
| ☐ Ra ☐ Ha ☐ Gu | amster Goat Goat Uinea Pig Pig Ferret | ☐ Birds: (sp☐ Fish: (sp☐ Reptiles: | pecify) ecify) (specify) | | | | | | |

| Animal Allergies: Pleas | e check your symp | toms and complain | ts. | |
|---|--|---|---|--|
| Masal/Sinus Runny or stuffy nose Sneezing Itchy Nose Poor sense of smell Post nasal drainage | Throat ☐ Soreness ☐ Hoarseness ☐ Bad breath ☐ Swelling | Eye | Skin Rash Hives Sczema Swelling Itching Redness | Chest ☐ Wheezing ☐ Coughing ☐ Tightness ☐ Shortness of breath ☐ Frequent bronchitis |
| List the animals that caus | e these symptoms | : | | |
| 2) when handling Are your symptoms become | me area with the arthe animal: NEVI | nimal: NEVER F ER RARELY C same? | RARELY OCCAS: OCCASSIONALLY | |
| - | use of glov | <u> </u> | oggles ☐ use o | |
| History: | | | | |
| | | | | |
| Assurances | | | | |
| I certify that information p intentional false statemer in this form. I am aware the working with research and and my duties. | it or omission of fac nat some health co | cts may be grounds nditions may increa | for dismissal. I hav use my risk to injury | ve read the information or illness when |
| Signature | | | Date | |

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