

University Health Services  
Employee and Occupational Health  
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## ALLERGIES

### Animal Related

Anyone working with animals has the potential to develop an animal related allergy. People at greatest risk of developing an animal related allergy are those that have preexisting allergies, asthma, seasonal rhinitis, or eczema. The most common manifestations of animal related allergies are rhinitis (runny nose and sneezing), allergic conjunctivitis (eye irritation), dermatitis (signs related to the skin), and asthma (less common). Some allergies can be severe and life threatening. Cats, rabbits, and rodents are the most common species to cause human allergies, but any species can cause an allergy. Exposure to animal hair and skin debris are usually implicated as the cause of allergies in humans. However, allergies are also thought to be caused by urine, feces, and saliva. Most allergies will develop within the first year of exposure.

To help prevent development of animal allergies certain procedures should be followed. Always work in well ventilated areas, and wear protective clothing (gloves, lab coats, masks) to prevent contact with skin and inhalation of animal allergens. If a person believes they are developing an allergy, they should contact Occupational Health.

### Latex

An allergy to latex can occur by repeated exposure to products that contain natural rubber latex. The reaction may occur within minutes to hours after contact and produce a variety of symptoms. Symptoms include skin rash and irritation, respiratory irritation, asthma, and severe shock that can be life threatening.

Anyone who is continually exposed to latex has the potential to develop a latex allergy. Latex allergies have increased in recent years, possibly due to the increased use of latex gloves in the medical industry. People who are at an increased risk to develop a latex allergy may also have preexisting allergies to certain foods.

If you suspect you may be developing a latex allergy, avoid contact with products containing latex (latex gloves, any rubber product, Band-Aids, etc.) and consult Occupational Health about treatment and precautions.

### Other Allergies

It is not unusual for individuals to be allergic to medications, certain types of food, or insect bites/stings. Personnel are encouraged to discuss with their supervisor other potential allergic reactions that may occur during work hours. Rapid and appropriate response may be lifesaving. Report allergies or change in allergy symptoms to Employee and Occupational Health.

## Animal Allergy Screening

Employee \_\_\_\_\_ Sex M  F  D.O.B \_\_\_\_\_ Today's date \_\_\_\_\_  
(Last, First, Middle Initial)

Employer \_\_\_\_\_ Job title \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

Dept. / Building \_\_\_\_\_ Room # \_\_\_\_\_

PI/Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

PI/Supervisor email \_\_\_\_\_

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**Do you have any allergies to animals? Yes No**

**If no sign, date and return this form to Employee and Occupational Health.**

**1. Mark the boxes that best reflect your current symptoms.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Runny or stuffy nose | <input type="checkbox"/> Sneezing        | <input type="checkbox"/> Itchy nose          |
| <input type="checkbox"/> Watery/itchy eyes    | <input type="checkbox"/> Rash            | <input type="checkbox"/> Hives               |
| <input type="checkbox"/> Eczema               | <input type="checkbox"/> Itching         | <input type="checkbox"/> Wheezing            |
| <input type="checkbox"/> Coughing             | <input type="checkbox"/> Chest tightness | <input type="checkbox"/> Frequent bronchitis |
| <input type="checkbox"/> Shortness of breath  | <input type="checkbox"/> other: _____    |  |

**2. Identify the animal(s) causing your current symptoms. Do you currently work with these animals?  Yes  No**

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> Guinea Pigs        | <input type="checkbox"/> Hamsters                    | <input type="checkbox"/> Rabbits |
| <input type="checkbox"/> Rats               | <input type="checkbox"/> Mice                        | <input type="checkbox"/> Xenopus |
| <input type="checkbox"/> Sheep              | <input type="checkbox"/> Non-human primates (Macque) | <input type="checkbox"/> Ferrets |
| <input type="checkbox"/> Gerbils            | <input type="checkbox"/> Voles                       |                                  |
| <input type="checkbox"/> Other (List) _____ |  |                                  |

**3. How frequently do the symptoms occur? Check all that apply.**

Symptom occur while	Never	Rarely	Occasionally	Always
In the same area with the animal				
Holding the animal				
At home				
Have symptoms changed since your last Occupational Health visit?				

**4. Which of the following measures have been taken to reduce symptoms?**

- Surgical Mask                                       Gloves                                      Gown
  - Respirator (N95)                                      Gowns                                      Goggles
  - Fume hood                                      Changed animals                                      Changed jobs
  - Other: \_\_\_\_\_
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**5. List any medications used to control symptoms**

**(LIST)** \_\_\_\_\_

\_\_\_\_\_  
*Applicant Signature*                                      *Print*                                      *Date*

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**FOR UHS use only:** baseline              annual surveillance

Recommendations: annual questionnaire              phone follow-up              further evaluation at UHS

Since the last questionnaire, allergy symptoms appear to be: better  worse  unchanged.

Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medical Provider's signature: \_\_\_\_\_ Date: \_\_\_\_\_