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**TEXAS A&M UNIVERSITY- COMMERCE**

**LABORATORY ANIMAL OCCUPATIONAL HEALTH & SAFETY PROGRAM**

 **HEALTH QUESTIONNAIRE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name (Last, First, MI)** | **CWID#** | **Birth Date** | **Sex (M/F)** |
| **Job Title** | **Employee ID#** | **Hire Date** |
| **Department** | **Work Phone** | **E - ma i l** |
| **PI/Supervisor’s Name** | **PI/Supervisor’s Phone** | **PI/Supervisor’s E-mail** |

**INSTRUCTIONS:** Your PI/supervisor must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To ensure correct information, ***please have your PI/supervisor help with Part A***. To maintain your confidentiality, ***your PI/supervisor must not look at or review your answers to Part B***.

This form will be reviewed by a health care professional and kept in your confidential medical record in the ORSP.

**Bring the completed form to ORSP Gee Library Mona Gilley, or FAX it to 903-468-8784.**

***PART A: OCCUPATIONAL EXPOSURES (Your PI/Supervisor should help complete this page.)***

☐ My work will  **NOT** include exposure to animals, unfixed tissues, cells, or body fluids.

*(If you check this box: Confirm with your PI/Supervisor that you need to participate in the OHP.)*

☐ My work includes ***exposure to animals, unfixed tissues, cells, or body fluids*** in research or teaching.

☐ My work also includes ***providing routine care for animals*** used in research or teaching.

**Please list each animal species you will be working with:**

1TB screening will be required if working with primates. 2Q-fever screening will be required if working with female sheep.

**Field study: with what species and in what country:**

**Confidential when complete**

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| **TAMUC HEALTH QUESTIONNAIRE** |
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| **Employee ID#** |

My work also includes potential exposures to (check all that apply):

☐ ***Human or chimpanzee tissue, cells, blood or other potentially infectious material***.

☐ ***Hazardous chemicals, medications, or volatile anesthetics.***

☐ ***Infectious disease agents, recombinant DNA or viral vectors.***

☐ ***Physical hazards, such as loud noise, high heat, lasers, or radiation.***

☐ ***Other occupational hazards. (Please specify below.)***

***Please list any exposures of concern*:**

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| **Employee ID#** |

***PART B: OCCUPATIONAL HEALTH HISTORY (Your PI/Supervisor should not see this page.)***

**I. IMMUNIZATIONS** List year of immunization or treatment and provide original immunization/medical records.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I have been immunized or treated for:** | **Yes, I got the vaccine in (*year*).** | **I had a blood test in (*year*).** | **I had the disease in (*year*).** | **No vaccine, no test, no disease.** | **I’m not sure.** |
| Tetanus |  |  |  |  |  |
| Diphtheria |  |  |  |  |  |
| Pertussis |  |  |  |  |  |
| Measles (rubeola) |  |  |  |  |  |
| Mumps |  |  |  |  |  |
| Rubella |  |  |  |  |  |
| Polio |  |  |  |  |  |
| Varicella (chicken pox) |  |  |  |  |  |
| Hepatitis B |  |  |  |  |  |
| Rabies |  |  |  |  |  |
| *C burnetii* (Q Fever) |  |  |  |  |  |
| Vaccinia (cow pox) |  |  |  |  |  |
| Yellow Fever |  |  |  |  |  |

**II. ENVIRONMENTAL ALLERGIES or ASTHMA** Yes No Don’t know

Do you have any allergies or asthma?..............................................................................

If no, skip to Part III. **(*Please contact Student Health Services if you are EVER concerned about allergies, asthma, or other health issues related to work*.)**

If yes, what symptoms do you get?

☐ Sneezing, runny nose, or sinus congestion

☐ Red or itchy eyes

☐ Skin rash or irritation

☐ Coughing or wheezing

☐ Difficulty breathing

If yes what triggers your symptoms?

☐ Foods:

☐ Medications:

☐ Pollens or plants:

☐ Animals:

☐ Something at work:

☐ I’m not sure.

If yes, what treatment(s) do you use for allergies or asthma?

☐ ☐ ☐

**Confidential when Complete**

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**III. OTHER HEALTH CONCERNS** Yes No

1. Do you have any conditions causing immune suppression (e.g. pregnancy, cancer,

rheumatoid arthritis, lupus, asthma, HIV/AIDS, chronic viral illness)? ☐ ☐

2. Do you have any other health concerns that may affect your health at work that you ☐ ☐

would like to confidentially discuss with the TAMUC Student Health Center?

**I have answered the questions on this form truthfully and to the best of my recollection.**

**(Signature) (Today’s Date)**

**Student Health Services – Medical Professional Recommendation**

**☐** – No Apparent Concerns **☐** – Recommendation Not to Proceed with Activities **☐** – Follow up Required

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidential when complete**

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