

# B

Please complete this form, along with form A (Risk Assessment Work Evaluation Questionnaire)

Mail or give all forms to – Occupational Health/EHS, Mail Code 0090

To protect your privacy, please put all forms in a sealed envelope.



## UCSD Environment Health and Safety

### Medical History Questionnaire for Employees / Affiliates with Research Animal Exposure

**Purpose:** Employees working with research animals or entering vivaria are required to complete this questionnaire to identify applicable health and safety recommendations. Your answers are confidential. Researchers with indirect animal contact may elect to complete the questionnaire. The purpose of the following questions is to determine if you have any special health needs to work safely with animals. A common health risk includes allergies or respiratory sensitivities which may be caused or aggravated by work around animals. Chronic health conditions, pregnancy, or immune system deficiencies may increase risk of infection from animals (zoonotic disease) or infectious agents used in animals. Chemical exposure from treated animals may also present additional risks during pregnancy or for certain respiratory or chronic health disorders. Based on your answers, medical recommendations will be provided to reduce risk of undesirable health effects and may include wearing additional personal protective equipment or modifying work procedures. In some cases, further medical evaluation may be indicated at UCSD Occupational & Environmental Medicine (COEM). For more information, refer to <http://blink.ucsd.edu/safety/research-lab/vivarium/occupational.html>

**Instructions:** Please complete this form and sign below. You must also complete form A. To protect your privacy, please put both forms in a sealed envelope and mail together to Occupational Health/EHS, Mail Code 0090; or send by fax to 858-534-7561. Receipt of both forms is required to get medical clearance to work with or around research animals. For questions, contact EH&S/Occupational Health Nurse at 858-534-8225.

Name (Please Print): \_\_\_\_\_ Gender:  Male  Female

1. List animals you will be working with: \_\_\_\_\_

2. Date of last Tetanus vaccine booster: \_\_\_\_\_

3. If you will be working with human blood/tissues/cells/cell lines in animals, have you received a Hepatitis B vaccination series?

Yes  No  No use in animals

If Yes: a) List dates and attach vaccination record: \_\_\_\_\_

4. Do you have any of the following medical conditions?

#### Allergy and Respiratory System Health History

Yes No

Asthma or other chronic respiratory disease.

Allergic skin reactions such as hives, rash, itching. If yes, explain: \_\_\_\_\_

Skin conditions such as eczema, psoriasis, dermatitis.

Known or suspected animal allergies. **Circle any animal related reaction(s):** runny/stuffy nose; itching eyes; sneezing; coughing; wheezing; chest tightness; shortness of breath; hives; skin rash; throat swelling

**If yes, list animal(s):** \_\_\_\_\_

Known or suspected allergies to chemical, latex, food, or environment.

If yes, please list: \_\_\_\_\_

Are you currently using respiratory protection or mask?

If yes, have you been fit-tested? List type of respirator/mask you are using: \_\_\_\_\_

#### Immune/Metabolic System Health History

Yes No

Do you have any condition causing immune suppression, e.g. cancer, use of immunosuppressive drugs, organ transplant, immunodeficiency disease disorder, rheumatoid arthritis, or lupus?

If yes, please explain: \_\_\_\_\_

Do you have any other health concerns such as valvular heart disease, kidney, liver, heart disease/disorder, poorly controlled hypertension or diabetes?

Pregnant or planning to become pregnant.

Authorization to Disclose Protected Health Information: I authorize UCSD EH&S to disclose to UCSD Center for Occupational & Environmental Medicine this medical history and immunization records (including accept/decline forms).

EMPLOYEE/PARTICIPANT SIGNATURE

DATE

TIME

AM/PM

EHS/COEM USE ONLY -

REVIEWING CLINICIAN SIGNATURE

PID#

DATE

TIME

AM/PM