



TEXAS TECH UNIVERSITY

# Environmental Health & Safety

## Occupational Health Program Risk Scholarly Assessment and Enrollment Form

This Health Questionnaire is designed to provide Occupational Health with the following:

- (a) Information about occupational exposure and risks associated with the position identified in Section 1.1.
- (b) Medical information related to your ability to safely perform the functions of the position; and
- (c) A baseline medical history for ongoing medical surveillance purposes.

For questions or assistance, contact EHS Occupational Health at [806.742.3876](tel:806.742.3876) or [ehs.ohp@ttu.edu](mailto:ehs.ohp@ttu.edu)

### Section 1.0 Personnel Information

#### Section 1.1 General Information

Full Name (Last, First, MI):				R#: R		Today's Date:			
DOB:	Gender:	Male	Other		Phone Number (xxx-xxx-xxxx):	Email:			
		Female	Not Disclosed						
Job/Position Title:			Lab/Department:			Campus/Office Location/Bldg. and Room#:			
Supervisor/PI Name:				Supervisor/PI Phone #:			Supervisor/PI Email:		

#### Section 1.2 Incident History

	I am enrolling in the OHP after an incident or a potential exposure.
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#### Section 1.3 Position and Enrollment Description

	Initial Enrollment		Amended Enrollment		Non-TTU
	Student Employee (Grad or Undergrad)		Faculty or Staff		Other:

## Section 2.0: Risk Assessment

### Section 2.1 Workplace Environment (Check All that Apply)

Please indicate the Workplace type(s) below that best fit the type of workplace the job/position requires work in or access to. For example, if the position is administrative but within an animal care facility, the workplace type is "Animal Care Facility." If you have questions regarding your workplace type, contact your supervisor.

<input type="checkbox"/>	Research Laboratory	<input type="checkbox"/>	Animal Care Facility	<input type="checkbox"/>	Teaching Laboratory
<input type="checkbox"/> Access to all workplaces ( <i>environmental services, emergency response/EHS, Public Safety, etc.</i> )					

### Section 2.2 General Exposure Assessment

<input type="checkbox"/>	I will be working with pathogens (BSL-2, BSL-3) <i>in vitro</i> only (no animal use).
<input type="checkbox"/>	I will be working with pathogens (BSL-2, BSL-3, ABSL-2) <i>in vivo</i> (with animals).
<input type="checkbox"/>	I will be working with anesthetic gases.
<input type="checkbox"/>	I will have contact with vertebrate animals; their carcasses, waste, blood, body fluids, cell lines, or items soiled these materials.
<input type="checkbox"/>	I will have contact with recombinant/synthetic nucleic acids.
<input type="checkbox"/>	I will be working in the field (Ex. >8000ft. above sea level, SCUBA diving).
<input type="checkbox"/>	I will be working with insects.
<input type="checkbox"/>	I will be working with plants or fungi.
<input type="checkbox"/>	I will be working with needles/scalpels/sharps.
<input type="checkbox"/>	I will have contact with unfixed human materials (Ex. cell lines, tissue, body fluids, blood, saliva, urine, feces etc.).
<input type="checkbox"/>	I will have contact with untreated human sewage/wastewater.
<input type="checkbox"/>	I will have contact with non-human primate materials (Ex. cell lines, tissue, body fluids, blood, etc.).
<input type="checkbox"/>	I will have contact to biological toxins (Ex. botulism, conotoxin, tetrodotoxin, etc.).
<input type="checkbox"/>	I will have contact with sources of radiation or radioactive material.
<input type="checkbox"/>	I will be working with anti-neoplastic drugs or controlled substances (Ex. doxorubicin, Ketamine, etc.).
<input type="checkbox"/>	I will be working with reproductive hazards (Ex. Benzene, Ethylene Oxide, Mercury, etc.).
<input type="checkbox"/>	I will have contact with toxic chemicals (Ex. Arsenic, Hydrogen cyanide, etc.).

	I will be working with heavy metals (Ex. copper, chromium, lead, etc.)
	I will work with respiratory hazards which require the use of a respirator (N95, half-face, full-face) and thus need a pulmonary function test and medical clearance to wear a respirator. Examples: chemical vapors, certain biohazards, confined spaces, asbestos, and other particulates.
	I will be working in an area where hearing protection is required.
	I will be working with another hazard not listed above.

**Section 2.3: Exposure to Animals**

YES	NO		
		Does this position require handling animals? If "YES", please identify the type(s) of animals below.	
		Amphibians	Wild Mammals (other than rodents and bats)
		Birds	Cattle/Horses
		Companion Animals (Dogs, Cats)	Fish
		Lab Rodents (mice, rats, ferrets, rabbits, etc.)	Reptiles
		Wild Rodents	Bats
		Sheep/Goats	Pigs

**Section 2.4: Exposure to Infectious Agents**

YES	NO		
		Does this position require work with infectious agents? If "YES", please describe the type(s) of infectious agents below.	

**If your exposures or health status changes at any time**, please contact TTU EHS at 806.742.3876 or email [ehs.ohp@ttu.edu](mailto:ehs.ohp@ttu.edu); you may need to update your enrollment form or have a follow-up consultation with the Occupational Medicine Provider.

Please continue to the next page.

**Section 3.0: Medical History****Section 3.1: Immunizations**

Please check all the boxes that apply to indicate which immunizations you have received in the past:

<input type="checkbox"/>	Tetanus Vaccination	<input type="checkbox"/>	Hepatitis A Vaccinations (series of 2)	<input type="checkbox"/>	Hepatitis B Vaccinations (series of 3)
<input type="checkbox"/>	Influenza	<input type="checkbox"/>	Polio	<input type="checkbox"/>	MMR
<input type="checkbox"/>	Rabies	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	Rubeola
<input type="checkbox"/>	Smallpox	<input type="checkbox"/>	BCG TB	<input type="checkbox"/>	DPT/Tdap Diphtheria Pertussis
<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

**Section 3.2: Immune Status**

<input type="checkbox"/>	I have had a positive PPD TB skin test.
<input type="checkbox"/>	I have been diagnosed with a condition that weakens my immune system
<input type="checkbox"/>	I am currently taking medication that weakens my immune system.
<input type="checkbox"/>	I have been diagnosed with a valvular or congenital heart condition.
<input type="checkbox"/>	I have previously changed jobs/work habits due to health issues from an occupational exposure.

**Section 3.3: Asthma/Allergies**

<input type="checkbox"/>	I have allergies (i.e., latex/chemical/animal/food allergies, etc.). If yes, how severe? (mild/moderate/severe)
<input type="checkbox"/>	I have contact with pets, livestock, wildlife, or other workplace exposures outside of work hours.

**Section 3.4: Additional Health Concerns**

<input type="checkbox"/>	I have a chronic health condition that may affect me at the workplace (hearing/vision impairment, neurological disorder, diabetes, sleep disorder, etc.).
<input type="checkbox"/>	I have additional workplace health concerns or specific concerns regarding exposures/risks to discuss with an Occupational Medicine Provider (animal work, pregnancy, or current medical treatment).
<input type="checkbox"/>	I have other concerns I wish to discuss.

**Section 3.5: Acknowledgement**

I understand that health risks are associated with not accepting the health assessment and occupational health surveillance program. I have answered this form truthfully and to the best of my recollection.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

You have now completed the OHP Enrollment Form.

**If your work exposures or health status changes or you change your position on medical surveillance, send and email to [ehs.ohp@tu.edu](mailto:ehs.ohp@tu.edu).**