



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** or 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 Female Not Disclosed | Phone Number (xxx-xxx-xxxx): | Email: |
| 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

| | |
|--------------------------|--|
| <input type="checkbox"/> | I am enrolling in the OHP after an incident or a potential exposure. |
|--------------------------|--|

Section 1.3 Position and Enrollment Description

| | | | | | |
|--------------------------|--------------------------------------|--------------------------|--------------------|--------------------------|---------|
| <input type="checkbox"/> | Initial Enrollment | <input type="checkbox"/> | Amended Enrollment | <input type="checkbox"/> | Non-TTU |
| <input type="checkbox"/> | Student Employee (Grad or Undergrad) | <input type="checkbox"/> | Faculty or Staff | <input type="checkbox"/> | Other: |

Section 2.0: Risk Assessment (Continued through pg. 3)

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 2.0: Risk Assessment (cont.)

Section 2.2 General Exposure Assessment

| | |
|--|--|
| | I will be working with pathogens (BSL-2, BSL-3) <i>in vitro</i> only (no animal use). |
| | I will be working with pathogens (BSL-2, BSL-3, ABSL-2) <i>in vivo</i> (with animals). |
| | I will be working with anesthetic gases. |
| | I will have contact with vertebrate animals; their carcasses, waste, blood, body fluids, cell lines, or items soiled these materials. |
| | I will have contact with recombinant/synthetic nucleic acids. |
| | I will be working in the field (Ex. >8000ft. above sea level, SCUBA diving). |
| | I will be working with insects. |
| | I will be working with plants or fungi within soils or agars. |
| | I will be working with needles/scalpels/sharps. |
| | I will have contact with unfixed human materials (Ex. cell lines, tissue, body fluids, blood, saliva, urine, feces etc.). |
| | I will have contact with untreated human sewage/wastewater. |
| | I will have contact with non-human primate materials (Ex. cell lines, tissue, body fluids, blood, etc.). |
| | I will have contact to biological toxins (Ex. botulism, conotoxin, tetrodotoxin, etc.). |
| | I will have contact with sources of radiation or radioactive material. |
| | I will be working with anti-neoplastic drugs or controlled substances (Ex. doxorubicin, Ketamine, etc.). |
| | I will be working with reproductive hazards (Ex. Benzene, Ethylene Oxide, Mercury, etc.). |
| | I will have contact with toxic chemicals (Ex. Arsenic, Hydrogen cyanide, etc.). |
| | I will have contact with hydroponics, aquaponics, or aquariums. |
| | 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 2.0: Risk Assessment (cont.)**Section 2.3: Exposure to Animals**

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

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; 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 within past 10yrs | <input type="checkbox"/> | Hepatitis A (series of 2) | <input type="checkbox"/> | Hepatitis B (series of 3) |
| <input type="checkbox"/> | Influenza within past 12 months | <input type="checkbox"/> | Polio | <input type="checkbox"/> | MMR |
| <input type="checkbox"/> | Rabies (must confirm titre for bat work) | <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 associated with things I am exposed to at work (i.e., latex/chemical/animal/food allergies, etc.). If yes, how severe? (mild moderate severe). How many hours per day? _____ Days a week? _____ |
| <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 have answered truthfully and to the best of my recollection. I understand that health risks are associated with not accepting the health assessment and occupational health program and that I can update at any time, especially when there is a change in my health status or exposure.

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@ttu.edu.