



TEXAS TECH UNIVERSITY

Environmental Health *and* Safety

Occupational Health Program Risk Assessment and Enrollment Form

This Initial 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 Environmental Health and Safety Occupational Health at [806.742.3876](tel:806.742.3876) or ehs.ohp@ttu.edu

Section 1.0 Occupational Exposure

Section 1.1: Job Information

Full Name (Last, First, MI):			R#:		Today's Date
DOB:(dd/mm/yyyy)	Gender:	<input type="checkbox"/> Male	Phone Number:		Email:
		<input type="checkbox"/> Female			
Job/Position Title	Lab/Department		Campus/Office Location/Bldg. and Room#		
Supervisor/PI Name		Supervisor/PI Phone #		Supervisor/PI Email	

Emergency Contact Information:

Full Name (Last, First, MI):		Phone Number	Relationship
Regular Physician Name		Physician Phone #	

Position Description:

<input type="checkbox"/>	Initial	<input type="checkbox"/>	Annual	<input type="checkbox"/>	Contractor		
<input type="checkbox"/>	Employee	<input type="checkbox"/>	Student	<input type="checkbox"/>	Adjunct	<input type="checkbox"/>	Other

Section 1.2 Workplace Environment (Check All that Apply)

Please indicate the Workplace type(s) below whose primary use best fits the type of Workplace the position requires work or access to. For example, if the position is administrative but within an animal care facility, the workplace type is "Animal Care Facility."

<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>)				
Exposures:					If "checked", explain:
<input type="checkbox"/>	I will be working with pathogens (BSL-2, BSL-3), in vitro only, (with no animal use)				
<input type="checkbox"/>	I am enrolled in IRB, IBC, or IACUC protocol				
<input type="checkbox"/>	I will be working in areas where pathogens (BSL-2, BSL-3, ABSL-2) are used.				
<input type="checkbox"/>	I will have contact with human materials (cell lines, tissue, body fluids, blood)				
<input type="checkbox"/>	I will have contact with human body fluids/waste (saliva, urine, feces)				
<input type="checkbox"/>	I will have contact with untreated human sewage/wastewater				
<input type="checkbox"/>	I will have contact with non-human primate materials (cell lines, tissue, body fluids, blood)				
<input type="checkbox"/>	I will have contact to biological hazards examples: botulism, conotoxin, tetrodotoxin, etc.				
<input type="checkbox"/>	I will have contact with sources of radiation or radioactive material				
<input type="checkbox"/>	I will have contact with vertebrate animals, their waste, blood, body fluids, or cell lines or items soiled with the same				
<input type="checkbox"/>	I will be working in field (outdoor research)				
<input type="checkbox"/>	I will be working with insects, plants or fungi				
<input type="checkbox"/>	I will have contact with animals, animal cells, carcasses, feces, urine, tissue or human cells, tissues, biological agents, Recombinant (rDNA).				
<input type="checkbox"/>	I will be working with heavy metals example: copper, chromium, lead etc.				
<input type="checkbox"/>	I will be working with anti-neoplastic drugs or controlled substances				
<input type="checkbox"/>	I will have contact with hazardous or toxic chemicals				
<input type="checkbox"/>	I will work with respiratory hazards, chemical vapors, certain biohazards, confined spaces, and other particulates and will be required to wear Respirators (half face/full face/PAPR/N95) [Surgical masks are not considered respirators. Minimal protection from biological agents/dusts is only provided by N95 or greater respirators.]				
<input type="checkbox"/>	I will work with class IIIB or IV lasers				

<input type="checkbox"/>	I will be working in an area where hearing protection is needed	
<input type="checkbox"/>	I will be working with "Other Hazard" not listed above	
<input type="checkbox"/>	I am enrolling after an incident	
<input type="checkbox"/>	I will be working with anesthetic gases	
<input type="checkbox"/>	I will be working with reproductive hazards	
<input type="checkbox"/>	I will be working with Insects, Plants or Fungi	
<input type="checkbox"/>	I will be working with needles/scalpels/sharps	

Section 2.0: Risk Assessment

Section 2.1: Exposure to Animals

YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	Does this position require contact with animals? If "YES", please identify the type(s) of animal species below.	
<input type="checkbox"/>		<input type="checkbox"/>	Fish
<input type="checkbox"/>		<input type="checkbox"/>	Reptiles
<input type="checkbox"/>		<input type="checkbox"/>	Wild Mammals (<i>please identify</i>)
<input type="checkbox"/>		<input type="checkbox"/>	Livestock (<i>List Specific: Horses, Cattle, Sheep, Swine, Goats</i>)
<input type="checkbox"/>		<input type="checkbox"/>	Other (<i>please identify other species below</i>):
<input type="checkbox"/>		<input type="checkbox"/>	Other (<i>please identify other species below</i>):

Section 2.2: Exposure to Infectious Agents

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

If you answered 'No' and did not check any of the questions above, you are not required to enroll in the EHS Occupational Health program.

Please email this form to ehs.ohp@ttu.edu or send to EHS Occupational Health Program MS 1090.

If your risk/health status changes at any time, please contact TTU EHS.

If you answered 'Yes' or checked any of the questions above, continue to the next page.

Section 3.0: Participation in medical/health surveillance activities

Section 3.1: Participation information

Note: EHS does not make medical assessments or recommendations. Medical assessments or recommendations are conducted through a university approved occupational health provider.

- All personnel working with animals under NIH funding MUST enroll and participate in the occupational health program.
- You may decline medical/health surveillance activities. Declining medical/health surveillance participation gives you access to educational materials, training, personal protective equipment, and other support services aimed at preventing occupational injuries and exposures; however, no medical surveillance will be offered. In certain cases, if you decline to participate, you may be denied access to certain facilities or prohibited from certain activities that can pose a health risk.
- If you are an employee, accepting participation gives you access to appropriate occupational medical surveillance/services at no cost to you, as well as all educational materials, training, personal protective equipment, and other support services aimed at preventing occupational injuries and exposures.

Section 3.2: Acknowledgement and Waiver Statement

- I have reviewed the information concerning the TTU Occupational Health Program in this document and as posted on the websites:
 - <http://www.depts.ttu.edu/ehs/occupationsafety/OHP/index.php>
 - <http://www.depts.ttu.edu/iacuc/Occupational.php>
- I understand that my recurring animal contact or exposure to biological, chemical or physical hazards may have a health risk exposure, and I am advised to have a health assessment. I also understand 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.

Based on your completion of this form, please check one of the following and sign:

- | | | | |
|--------------------------|------------------------------------------|--------------------------|-----------------------------------------|
| <input type="checkbox"/> | I decline medical surveillance services. | <input type="checkbox"/> | I accept medical surveillance services. |
|--------------------------|------------------------------------------|--------------------------|-----------------------------------------|

Signature:

Please email this form to ehs.ohp@ttu.edu:

- If you are declining medical surveillance, or
 - If your risk/health status changes or you decide you want to accept medical surveillance services.
- If you have accepted medical surveillance services, please go to page 5 and complete Section 4.0.**

Section 4.0: Medical History					
Section 4.1: 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"/>	Measles (Rubeola)
<input type="checkbox"/>	Smallpox	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	DPT/Tdap Diphtheria Pertussis
<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	PPD TB Skin test	<input type="checkbox"/>	Other:
Section 4.2: Immune Status					If "checked", explain:
<input type="checkbox"/>	Have you been diagnosed with a condition that weakens your immune system?				
<input type="checkbox"/>	Do you currently take any medication that weakens your immune system?				
<input type="checkbox"/>	Have you been diagnosed with a valvular or congenital heart condition?				
<input type="checkbox"/>	Have you ever changed jobs/work habits due to health issues from an occupational exposure?				
Section 4.3: Asthma/Allergies					If "checked", explain:
<input type="checkbox"/>	Do you have allergies (i.e., latex/chemical/animal/food allergies, etc.)? If yes, how severe? (mild/moderate/severe)				
<input type="checkbox"/>	Do you have contact with pets, livestock, wildlife or other work place exposures outside of work hours?				
Section 4.4: Additional Health Concerns					If "checked", explain:
<input type="checkbox"/>	Do you have any workplace health concerns (including pregnancy or current medical treatment) or specific concerns working with animals and health risks to discuss with an Occupational Medicine Provider?				
Section 4.5: Other					Explain:
What outside hobbies, or employment or animal exposures do you have that would predispose you to risk of injury with your work duties at TTU?					

Thank you! You have now completed the OHP Risk Assessment and Enrollment Form.
If your risk/health status changes or you decide you want to accept medical surveillance services, please send an email to ehs.ohp@ttu.edu.

For questions, comments or concerns, please contact:

Occupational Health Program	Email: ehs.ohp@ttu.edu
Environmental Health and Safety Texas Tech University	EHS: 806.742.3876
MS 1090	
Lubbock, TX 79409	



TEXAS TECH UNIVERSITY

Environmental Health *and* Safety
Occupational Health Program Risk
Health Care Provider Form

***To be Completed by the Health Care Provider**

Full Name (Last, First, MI):

Phone Number

Email

I have reviewed the questionnaire listed above and:

I do not recommend a visit to the clinic.

I am recommending a visit to the clinic (for physical examination or further testing)

I request that the employee contact Occ-Med at their earliest convenience. (Phone: 806-795-7433)

Meets essential physical qualifications for the job per OHP Questionnaire.

Does not meet essential physical qualifications for the job. (See comments below)

Physician Comments

Health Care Provider Signature:

Date: