



TEXAS TECH UNIVERSITY

Environmental Health & 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 EHS 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#: R	Today's Date:	
DOB:	Gender:	Male	Phone Number (xxx-xxx-xxxx):	Email:	
		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/Student	<input type="checkbox"/>	Adjunct	<input type="checkbox"/>	Other:

Incident History

<input type="checkbox"/>	I am enrolling in the OHP after an incident.
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Section 1.2 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."

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

Exposures:	If "checked", explain:
I am enrolled in IRLC, IBC, IACUC, IRB protocol. Protocol #(s): _____	
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, or cell lines or items soiled with the same materials.	
I will have contact with recombinant/synthetic nucleic acids.	
I will be working in the field (outdoors).	
I will be working with insects.	
I will be working with plants or fungi.	
I will be working with needles/scalpels/sharps.	
I will have contact with unfixed human materials (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 (cell lines, tissue, body fluids, blood, etc.).	
I will have contact to biological toxins (botulism, conotoxin, tetrodotoxin, etc.).	
I will have contact with sources of radiation or radioactive material.	
I will work with class IIIB or IV lasers.	
I will be working with anti-neoplastic drugs or controlled substances.	
I will be working with reproductive hazards.	
I will have contact with hazardous or toxic chemicals.	

	I will be working with heavy metals (examples: copper, chromium, lead, etc.)	
	I will work with respiratory hazards which require the use of a respirator (N95, half-face, full-face, PAPR) 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 needed.	
	I will be working with another hazard not listed above.	

Section 2.0: Risk Assessment

Section 2.1: Exposure to Animals

YES	NO		
		Does this position require contact with animals? If "YES", please identify the type(s) of animal species below.	
		Amphibians Identify: _____	Wild Mammals Identify: _____
		Birds Identify: _____	Livestock (Horses, Cattle, Sheep, Swine, Goats) Identify: _____
		Companion Animals (Dogs, Cats) Identify: _____	Fish
		Lab Rodents (List Specific: Mice, Rats, Ferrets, Rabbits, Hamsters)	Reptiles Identify: _____
		Non-human primates Identify: _____	Other (list species) Identify: _____

Section 2.2: 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 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.

- 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.dept.ehs.ttu.edu/ehs/ehshome/occupationalsafety/OccupationHealthProgram>
 - <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:

I accept medical surveillance services.

I decline medical surveillance services.

Signature:

If you are declining medical surveillance, you have now completed the OHP Risk Assessment and Enrollment Form. Please email this form to ehs.ohp@ttu.edu.

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.

If you have accepted medical surveillance services, please 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"/>	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 4.2: Immune Status					If "checked", explain:								
<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 4.3: Asthma/Allergies					If "checked", explain:								
<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 4.4: Additional Health Concerns					If "checked", explain:								
<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).												
Section 4.5: Other					If "checked", explain:								
<input type="checkbox"/>	I have outside hobbies, employment, or animal exposures that may predispose me to risk of injury with my work duties at TTU.												
<p>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.</p> <p>For questions, comments or concerns, please contact:</p> <table border="0"> <tr> <td>Occupational Health Program</td> <td>Room no: 121</td> </tr> <tr> <td>Environmental Health and Safety Texas Tech University</td> <td>Lubbock, TX 79409</td> </tr> <tr> <td>MS 1090</td> <td>ehs.ohp@ttu.edu</td> </tr> <tr> <td>2903, 4th street</td> <td>806.742.3876</td> </tr> </table>						Occupational Health Program	Room no: 121	Environmental Health and Safety Texas Tech University	Lubbock, TX 79409	MS 1090	ehs.ohp@ttu.edu	2903, 4th street	806.742.3876
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Occupational Health Program Risk

Concentra/Occmed Health Care Provider Form (Only)

***To be Completed by the Concentra/Occmed Health Care Provider. Do not direct to your personal physician.**

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. (See any comments below).

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

Physician Comments

Health Care Provider Signature:

Date: