



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 or ehs.ohp@ttu.edu

Section 1.0 Personnel Information

Section 1.1: Job Information

Full Name (Last, First, MI):				R#: R	Today's Date:
DOB:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	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:

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 2.0: Participation in medical/health surveillance activities

Section 2.1: 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 2.2: 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/occupationalafety/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.

Please check one of the following options and sign below.

☐ I **accept** medical surveillance services.

☐ I **decline** medical surveillance services.

Signature:

If you are *accepting* medical surveillance services, please complete Sections 3.0 and 4.0.

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 want to accept medical surveillance services**, please send an email to ehs.ohp@ttu.edu.

Section 3.0: Risk Assessment

Section 3.1 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."

<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 3.2 General Exposure Assessment

If "checked", explain:

<input type="checkbox"/>	I am enrolled in IRLC, IBC, IACUC, IRB protocol. Protocol #(s): _____	
<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, or cell lines or items soiled with the same materials.	
<input type="checkbox"/>	I will have contact with recombinant/synthetic nucleic acids.	
<input type="checkbox"/>	I will be working in the field (outdoors).	
<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 (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 (cell lines, tissue, body fluids, blood, etc.).	
<input type="checkbox"/>	I will have contact to biological toxins (botulism, conotoxin, tetrodotoxin, etc.).	
<input type="checkbox"/>	I will have contact with sources of radiation or radioactive material.	
<input type="checkbox"/>	I will work with class IIIB or IV lasers.	
<input type="checkbox"/>	I will be working with anti-neoplastic drugs or controlled substances.	
<input type="checkbox"/>	I will be working with reproductive hazards.	
<input type="checkbox"/>	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 required.	
	I will be working with another hazard not listed above.	

Section 3.3: 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 Identify:
		Companion Animals (Dogs, Cats) Identify:	Fish Identify:
		Lab Rodents (mice, rats, ferrets, rabbits, etc.) Identify:	Reptiles Identify:
		Non-human primates Identify:	Other (list species) Identify:

Section 3.4: 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 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:					
	Tetanus Vaccination		Hepatitis A Vaccinations (series of 2)		Hepatitis B Vaccinations (series of 3)
	Influenza		Polio		MMR
	Rabies		Rubella		Rubeola
	Smallpox		BCG TB		DPT/Tdap Diphtheria Pertussis
	Chickenpox		Other:		Other:
Section 4.2: Immune Status					If "checked", explain:
	I have had a positive PPD TB skin test.				
	I have been diagnosed with a condition that weakens my immune system				
	I am currently taking medication that weakens my immune system.				
	I have been diagnosed with a valvular or congenital heart condition.				
	I have previously changed jobs/work habits due to health issues from an occupational exposure.				
Section 4.3: Asthma/Allergies					If "checked", explain:
	I have allergies (i.e., latex/chemical/animal/food allergies, etc.). If yes, how severe? (mild/moderate/severe)				
	I have contact with pets, livestock, wildlife, or other workplace exposures outside of work hours.				
Section 4.4: Additional Health Concerns					If "checked", explain:
	I have a chronic health condition that may affect me at the workplace (hearing/vision impairment, neurological disorder, diabetes, sleep disorder, etc.).				
	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:
	I have outside hobbies, employment, or animal exposures that may predispose me to risk of injury with my work duties at TTU.				
<p>You have now completed the OHP Enrollment Form.</p> <p>If your work exposures or health status changes or you change your position on medical surveillance, send and email to ehs.ohp@ttu.edu.</p> <p>For questions, comments or concerns, please contact the Occupational Health Program:</p> <div style="display: flex; justify-content: space-between;"> <div> <p>Texas Tech University - Environmental Health & Safety</p> <p>Box 41090</p> <p>Lubbock, TX 79409</p> </div> <div> <p>TTU - Academic Support Building, Rm 122</p> <p>ehs.ohp@ttu.edu 806.742.3876</p> </div> </div>					



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Environmental Health & Safety

Occupational Health Program Risk

Occupational Health Program Provider Form (Only)

***To be Completed by the Occupational Health Program 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 the OHP provider at their earliest convenience. (Phone: _____)

☐

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: