

University at Buffalo
Occupational Health Monitoring Program
for Research Staff Working with Animals

Health History Form

To enroll in UB's Occupational Health Monitoring Program, complete this form and email to cspina@ecmc.edu or mail to UEMS Occupational and Travel Health, Emergency Dept., Erie County Medical Center, 462 Grider Street, Buffalo, NY 14215. (716-898-4153). **ONLY IF REQUIRED** will ECMC contact you to schedule an appointment for a health assessment. **You will need to bring a copy of this Health History form with you to your appointment.**

Note: This form is kept confidential by UEMS Occupational and Travel Health according to HIPAA guidelines.

Check here if you have previously filled in the <i>Health History Form</i> .	
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Complete all questions.

1) Personal Information	
Name:	
Dept:	
Campus mailing address:	
Work phone number:	
Home phone number:	
Email address:	
Male/Female:	
Date of Birth:	

2) Indicate name of your Principal Investigator/Supervisor:	
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3) Indicate your role at the University:			
Principal Investigator		LAF Personnel	
Researcher		Custodial Personnel	
Technician		Facility Maintenance Personnel	
Student			
Visitor			

4) Activities – check all that apply.	
Direct hands on work with animals	
Work with unfixed animal tissues/fluids	
No direct contact, enter animal facility, but do not enter animal holding rooms	
No direct contact, but enter animal holding rooms	

5) Indicate all species you will come in contact within the Laboratory Animal Facility					
Mice		Rats		Rabbits	
Dogs		Pigs		Sheep	
Chinchillas		Guinea pigs		Birds	

Frogs		Ferrets		Hamsters	
Other (specify)					

6) Indicate your approximate number of hours of animal contact per week					
Less than 1 hour/week		1-8 hours/week		Over 8 hours/week	

7) Check off all that you will be <u>directly</u> working with and indicate agents when applicable		Lists agent(s)
Recombinant DNA		
Infectious Agents		
Blood-borne Pathogens		
Human Cell Lines		
Radioisotopes		
Toxins		
Carcinogens		
*Biosafety Level 2 agents		

***Note: If you are working with infectious/hazardous agents you must be evaluated by the Occupational Health Physician prior to gaining access to the CMLAF**

8) Indicate the date of your most recent tetanus diphtheria (Td) booster:	
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9a) Have you completed a rabies vaccination (3 doses) series?	No	Yes	If yes, when?
9b) Have you ever had a rabies booster?	No	Yes	If yes, when?

10a) Do you have allergies to animals?	No	Yes	If yes, explain:
10b) Do you have seasonal allergies?	No	Yes	If yes, explain:

11) Do you have allergies to medications?	No	Yes	If yes, list medications:
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12) Have you contracted an illness or had a serious injury from an animal or in animal-related work?		
No	Yes	If yes, explain:

13a) Have you had a splenectomy?	No	Yes
13b) Are you taking immunosuppressive medications (e.g. prednisone)?		
13c) Are you immunocompromised?		

14) Do you have a condition that predisposes you to infection or disease?	No	Yes
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15) Do you have any other health issue(s) you consider significant?	Explain:
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16) Complete these questions only if you come in contact with sheep or goats.

16a) Do you have valvular disease, congenital heart defects or prosthetic heart valves?	No	Yes
16b) Do you have pre-existing hepatitis?	No	Yes
16c) If female, are you pregnant?	No	Yes

17) Complete these questions only if you come in contact with non-human primates.			
17a) Have you had tuberculosis?	No	Yes	
17b) Have you been vaccinated (BCG) for tuberculosis?	No	Yes	
17c) Have you had a positive reaction to a tuberculin test?	No	Yes	If yes, indicate when and what treatment was received.

SIGNATURE:	Print Name:	Signature:
DATE:		