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

Health History Form

To enroll in the Occupational Health Monitoring Program, complete this form and email to Craczka@ecmc.edu or mail to UEMS Occupational and Travel Health, Emergency Dept., Erie County Medical Center, 462 Grider Street, Buffalo, NY 14215.

Check here you have previously filled in the Health History Form: ________

Please type or print:

Name: ______________________________________ Dept. ________________________________

Campus Mailing Address: __________________________________________________________________

Telephone Number: work: ___________ home: ___________ email: ________________________

Supervisor Name: __________________________

Male ___   Female ___ Date of Birth:___/___/___

1. Circle all species you will come in contact within the Laboratory Animal Facility.

   mice  rats  hamsters  ferrets  guinea pigs
   rabbits  dogs  sheep  pigs  chinchillas
   goats  birds  non-human primates
   other (specify): ________________________________

2. Indicate the total number of hours of animal contact per week: _________________________

3. Indicate whether you will be working with any of the following as part of the animal protocol.

   Recombinant DNA   yes   no
   Infectious Agents   yes   no
   list: ________________________________
   Bloodborne Pathogens   yes   no
   Human Cell Lines   yes   no
   Radioisotopes   yes   no
   Toxins   yes   no
   Carcinogens   yes   no

4. Indicate the date of your most recent tetanus diphtheria (Td) booster ___/___/___

5a. Indicate if you completed a rabies vaccination (3 doses) series. no yes If yes, when? ___/___/___

5b. Indicate if you ever had a rabies booster. no yes If yes, when? ___/___/___
6a. Indicate if you have any allergies to animals.  no   yes If yes, please explain: __________________________
                                                                                               
6b. Indicate if you have any allergies to medications.  no   yes If yes, list the medications: _______________
                                                                                               
6c. Indicate if you have seasonal allergies.  no   yes If yes, please explain: __________________________
                                                                                               
7. Indicate if you ever contracted an illness or had a serious injury from an animal or in animal-related work.
   no   yes If yes, explain: __________________________________________________________________________
                                                                                               
8a. Indicate if you have had a splenectomy? no  yes
8b. Indicate if you are taking immunosuppressive medications (e.g. prednisone)?  no  yes
8c. Indicate if you are immunocompromised?  no  yes

9. Indicate if you have any condition that predisposes you to infection or disease.  no   yes

10. Please indicate any other health history you consider significant: ________________________________
    _______________________________________________________________________________________
                                                                                               
11. Answer only if you are in contact with sheep and/or goats:
    Do you have valvular heart disease, congenital heart defects, or prosthetic heart valves?   yes   no
    Do you have pre-existing hepatitis?               yes   no
    If female, are you pregnant?                  yes   no

12. Answer only if you are in contact with non-human primates:
    Have you ever had tuberculosis?     yes    no
    Have you been vaccinated (BCG) for tuberculosis? yes    no
    Have you had a positive reaction to a tuberculin test? yes    no If yes, when and what treatment was received? __________________________
                                                                                               
13. ___________________________________________  _______________________
    Employee Signature             Date