**Health Assessment**

**Occupational Health and Safety Program**

| * A Health Assessment form must be completed for each participant on an Animal Study Protocol. * The completed and signed form must be *hand delivered* in a sealed envelope to the DLAR Office Rm 4-02, VA Bldg 119, Attn: Marvin Bowe. * This form will be reviewed in strict confidence by the Occupational Health physician, who may contact the participant for further information or to make recommendations for precautions which should be taken. * Annual updates are required for all participants (use the shorter Health Assessment Update form). |
| --- |

# **Personal Information**

| **Date:** | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | (last) | | | | | | (first) | | | | | | (MI) |
| **Employee E#** | | | **Gender:** | | | male | | female | | | **DOB:** | | |
| **Job Title:** | | **Department:** | | | | | | | | **Supervisor:** | | | |
| **Campus Address:** | | | | **email:** | | | | | | | | **Phone:** | |
| **Home Address:** | | | | | **City/State/Zip:** | | | | | | | **Phone:** | |
| **Name of Personal Health Care Provider:** | | | | | | | | | **Provider Address:** | | | | |
| **PI’s name:** | | | | **Department:** | | | | | | | | **Phone:** | |

# **Nature of Exposure**

List all animal species approved in the protocol(s):

Level of risk (check all statements applicable to the Animal Study Protocol(s) you will be working on:

I will not be exposed to animals, fluids, tissues, or waste, nor will I work in areas where animals are used. (Health Assessment form does not need to be submitted)

Peripheral exposure: I will work in rooms or areas where vertebrate animals are used, but I will not handle animals, fluids, tissues, or waste.

Extensive exposure: I will work with and handle vertebrate animals or their fluids, tissues, or waste and I will provide routine veterinary care or husbandry to animals.

Routine lifting (lbs):

Maximum required lifting (lbs):

Significant overhead work, reaching, or climbing

Duration of animal exposure:

**Personal health information necessary to assess occupational risk is requested below** (check one and sign)

I agree to provide such information.

| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- | --- | --- |
|  | | *OR* |  | |

I decline to provide such information. In declining, I specifically release ETSU, the State of Tennessee, its offices and employees from liability for damages incurred as a result of my refusal. Please note that declining to provide such information will result in disapproval to work with animals and associated potentially infectious materials.

**Reason for non-participation:** \_\_\_\_\_\_\_\_\_\_

| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- |

**Personal Health Information**

| yes | no |
| --- | --- |

Have you had prior animal exposure (including pets)? Number of yrs:

Types of animals:

| yes | no |
| --- | --- |

Have you ever contracted a disease from or had an injury related to working with animals (including bites, scratches, needle sticks, etc.)?

If yes, please explain:

| **Do you have any history of:** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | yes | no |  | yes | no |  | yes | no |
| Heart disease |  |  | Allergy to pollen |  |  | Hay fever |  |  |
| Heart valve disease or surgery |  |  | Allergy to known chemicals |  |  | Sneezing spells |  |  |
| Lung disease |  |  | Allergy to house dust |  |  | Shortness of breath |  |  |
| Diabetes |  |  | Latex allergy |  |  | Wheezing in chest |  |  |
| Hearing problems or ear injuries |  |  | Allergic skin problems or eczema |  |  | Coughing |  |  |
| Problems with vision |  |  | Reactions to stinging insects |  |  | Asthma |  |  |
| Back injuries or problems |  |  | Allergies to trees, molds, or grasses |  |  | Runny nose |  |  |
| Musculoskeletal injuries or problems |  |  | Reactions to animal dander |  |  | Species:  Type of reaction: | | |
| Previous work-related injuries |  |  | Limitations in activity |  |  | Other (list): | | |
| List any surgeries you have had: | | | | | | | | |

| yes | no |
| --- | --- |

If you are female, are you pregnant?

I agree to confirm a pregnancy as soon as possible and to report the pregnancy to the ETSU Internal Medicine Occupational Health Office, Campus Box 70622 or 423-439-6282.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Do you take regular medications?** | | yes | | no | | |
| --- | --- | --- | --- | --- | --- | --- |
| Medication | Frequency | | Dosage | | Allergy Shots | Frequency |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |

| **Do you have problems with your immune system?** | | | | yes | no | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Corticosteroid therapy | yes | no | Chemotherapy | | | yes | no |
| Splenectomy | yes | no | Other (list): | | | | |

| **Previous immunizations and tests** (Provide the following information if applicable): | | |
| --- | --- | --- |
|  | Tetanus: date of last booster - | Tetanus vaccination is required every 10 years and is the responsibility of each participant. Immunizations are available for a small fee at the Washington County Health Department of at the ETSU Student Clinic (registered students only). |
|  | Rabies: date of last booster -  *(rabies only required if working with dogs or cats)* | Date of last rabies ab titer - |
|  | PPD: date of last test - | Results: |
|  | Toxoplasmosis ab titer: date of last test - | Results: |
|  | Audiogram: date of last test - | Provider: |
|  | Pulmonary function: date of last test - | Results: |

Please confirm that the principal investigator has obtained approval from the University Committee on Animal Care for the project before you work with the associated animals. Further, make sure that you have been informed of all risks involved in working with the animals and of measures, including appropriate training, to protect your own health and safety.

| Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- |