



Enterprise Risk Management

Enterprise Risk Management Occupational Health Program Medical Screening Questionnaire Faculty/Staff/Student

The Occupational Health Program is an essential element in providing a safe environment for people working in settings with potential exposure to biological, chemical, and physical hazards. This questionnaire should be completed upon hire or when applicable changes in work occur. The extent and level of participation is determined by assessing the risk posed by exposure to materials, work practices being used, and biohazards individuals are working with. The purpose of this form is to obtain information about your job duties which is the basis for risk assessment and reducing risks to the greatest extent possible.

First Name:

Last Name:

Date of Birth (mm/dd/yyyy):

UIN:

Email:

Personal Phone:

Position Title:

Work Phone:

Dept. (ABBR):

Principal Investigator/Supervisor:

I. Occupational and Environmental Risk Factors

Biological Hazard Exposure Assessment

Is individual exposed to these biohazards as part of their job duties? *

	Yes	No
Human blood or body fluids (saliva, mucous)		
Human body waste (urine, feces)		
Items soiled with human blood, body fluids, or waste		
Untreated human sewage/wastewater		
Bulk pick-up of solid waste (trash/garbage/recycling)		
Biohazard agents (bacteria, fungi, parasites, virus, rickettsia, toxins, prions)		

Does individual perform any of the following job duties? *

	Yes	No
Human venipuncture or handling sharps (scalpel, other)		
Working with human materials (ie: cell lines, tissue)		



Please give a description of SPECIFIC JOB DUTIES which brings individual into contact with biohazards. *

Does work require wearing a protective respirator mask (ie: N-95)? * Yes No

Please list ALL Personal Protective Equipment (PPE) worn while working.

*

Physical Hazard Exposure Assessment

Please indicate below which of the following Physical Hazards are associate with the work performed. *

	Yes	No
Heavy Machinery		
Noisy Equipment		
Heavy Lifting		
Needles/Scalpels/Sharps		
Radiation Producing Devices (ie: X-Rays, MRI, Ultrasound, Mammography)		
Lasers		

If using lasers please indicate if Class 3b or 4

Please give a description of SPECIFIC JOB DUTIES which brings individual into contact with listed Physical Hazards. *

Chemical Hazard Exposure Assessment

Please indicate below which of the following Chemical Hazards are associate with the work performed. *

	Yes	No
Anesthetic Gases		
Anti-neoplastic drugs		
Carcinogens		
Heavy Metals		
Highly Toxic		



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Reproductive Hazards: Mutagens/Teratogens		
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Please give a description of SPECIFIC JOB DUTIES which brings individual into contact with listed Chemical Hazards. *

Other Concerns?

Do you have any workplace concerns not covered in this questionnaire that you would like to discuss confidentially with a medical professional? Yes No

II. IMMUNIZATIONS

Have you ever received the following:	Received	Year Received
Tetanus Vaccination		
Rabies Vaccinations (series of 3)		
Hepatitis A Vaccinations (series of 2)		
Hepatitis B Vaccinations (series of 3)		

III. IMMUNE STATUS

1. Have you been diagnosed with a condition that weakens your immune system?	
2. Do you currently take any medication that weakens your immune system?	
3. Have you been diagnosed with a valvular or congenital heart condition?	
4. Have you ever changed jobs/work habits due to health issues from animal exposure?	

VI. ASTHMA/ALLERGIES

1. Do you have asthma?	
I consider my Asthma to be: Mild Moderate Severe	
2. Is your asthma specifically related to animals?	
3. Do you have animal allergies (i.e., sneezing, wheezing, itchy eyes, hives)?	
I consider my animal allergies to be: Mild Moderate Severe	
4. Do you have other allergies (i.e., latex or chemical allergies)?	
I consider my other allergies to be: Mild Moderate Severe	



5. Do you currently take medication for asthma or allergies?	
6. Do you have contact with pets, livestock, or wildlife outside of work hours?	
7. Did you work with animals before your employment with this facility?	

You may decline to answer the questions on this form; however, lack of protective vaccination, certain medical conditions or pregnancy may increase your risk and your child's risk. Failing to fully participate in the medical surveillance and/or personal assumption of unprotected health risk could result in forfeit of needed medical care, compensability, loss of employment, serious illness, or death. It is recommended that you consult with your personal physician or an Occupational Health Care Professional. Participation in this program may be a requirement for some specific jobs at TAMUK.

I Participation in the Occupational Health Program.

NOTICE:

If your health status changes, or your job duties or work environment are modified, there may be an increased occupational health risk associated with your job. Therefore, if at any time after completing this questionnaire:

- you become pregnant, or are planning to become pregnant; or
- you become aware of a change in your health status (e.g., onset of immune compromising illness, wheezing, persistent fever, night sweats, persistent cough, fatigue, malaise, unintentional weight loss)

you are strongly encouraged to contact the Enterprise Risk Management and request a consult with an Occupational Medicine Provider.

I have answered the above questions honestly and to the best of my knowledge.

Name:

UIN:

Date: