



## Enterprise Risk Management Occupational Health Program Medical Screening Questionnaire Research Laboratory Personnel

Texas A&M University-Kingsville provides an occupational health program for all individuals who are potentially exposed to:

Biohazards, which includes 1) pathogens of human, animals or plants; 2) materials potentially containing human pathogens; 3) recombinant DNA and/or RNA; and 4) Select Agents and Toxins, Humans, Animals, or their tissues, body fluids, or wastes.

First Name:

Last Name:

Date of Birth (mm/dd/yyyy):

UIN:

Email:

Personal Phone:

Position Title:

Work Phone:

Dept. (ABBR):

Principal Investigator/Supervisor:

### I. WORK ENVIRONMENT (CHOOSE all that apply to your work; your supervisor or PI can assist you)

1. I will be working with pathogens (BSL-2, BSL-3), in vitro and in vivo (i.e., with animal use)
2. I will be working with pathogens (BSL-2, BSL-3), in vitro only, (with no animal use)
3. I will be working in areas where pathogens (BSL-2, BSL-3) are used
4. I will be working in areas where animals are housed or used, with no direct animal contact
5. I will be working on an animal use research or teaching protocol
6. I will be working with animals under biosafety containment (ABSL-2, ABSL-3)
7. I will be working in veterinary care/animal caretaking
8. I will be working with feral or wild animals
9. I will have contact with animal materials (cell lines, tissue, body fluids, blood)
10. I will have contact with human materials (cell lines, tissue, body fluids, blood)
11. I will have contact with non-human primate materials (cell lines, tissue, body fluids, blood)
12. I will have NO KNOWN CONTACT to biological hazards or animals in my duties

**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.**

**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?	

**IV. ADDITIONAL HEALTH CONCERNS**

1. Do you have any workplace health concerns you want to discuss confidentially with a Medical Professional?	
--	--

**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: