

# UAB EMPLOYEE OCCUPATIONAL HEALTH PROGRAM

## HEALTH SCREENING QUESTIONNAIRE

### YOUR RESPONSES ARE STRICTLY CONFIDENTIAL

The completed form should be returned to and will be reviewed by:

UAB Employee Occupational Health Program  
 Attention: Occupational Health Nurse Coordinator  
 Address: CH19, Suite 445  
 Phone: 934-2487  
 Fax: 934-7487

### Health Screening Information:

Date: \_\_\_\_\_

Please complete <b><u>ALL</u></b> of the following information:					
Check all that apply: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Male <input type="checkbox"/> Female      Are you employed by UAB? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Last Name		First Name		MI	
Job Title		Work Address		Blazer ID	
Birth Date		Best way to contact you		Dept.	
Work Phone		Alt. Phone		Email	
Supervisor Name					
In the space below, please provide a brief job description (use back of form if more space is required):					

- Status:**  
 (Check all that apply)
- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Faculty            | <input type="checkbox"/> Staff        | <input type="checkbox"/> Research Technician/Associate |
| <input type="checkbox"/> Student            | <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Microbiologist                |
| <input type="checkbox"/> Post Doc           | <input type="checkbox"/> Pathologist  | <input type="checkbox"/> Volunteer                     |
| <input type="checkbox"/> Visiting Scientist | <input type="checkbox"/> Biologist    | <input type="checkbox"/> Other (specify) _____         |

## Work History:

Does your work involve any of the following?	NO	YES	If YES, specify/list
1. Biological Agents			
a. Recombinant DNA/RNA			
b. Infectious Agents			
2. Human Blood, Body Fluids, Tissues, or Cells			
3. Physical Agents			
a. Caustics or Flammables			
b. Noise			
c. Radiation			
d. Radioisotopes			
e. Extreme Environmental Conditions			
f. Lasers			
4. Chemical Agents			
a. Anesthetic Gases			
b. Drugs/Chemotherapeutic Agents			
c. Heavy Metals			
d. Carcinogens			
5. Animals			If YES, complete the following table

Species	Contact Type			Level of Contact*		
	Current at UAB	In Past but not now	Outside of UAB	Level 1	Level 2	Level 3
Mouse						
Rat						
Hamster						
Guinea Pig						
Rabbit						
Dog						
Cat						
Sheep						
Goat						
Pig						
Ferret						
Monkey						
Specify: _____						
Other Mammal(s)						
Specify: _____						
Bird(s)						
Specify: _____						
Fish						
Specify: _____						
Reptile(s)						
Specify: _____						
Amphibian(s)						
Specify: _____						

- \* Level 1: No direct contact with live animals, but either you enter animal room or animal is in your work space  
 Level 2: No direct contact with live animals, but you handle "unfixed" animal tissue and/or fluids  
 Level 3: Direct contact with live animal(s); (e.g., handle, restrain, collection of specimens, administers)

**Medical History:**

Have you had any of the following (check all that apply)?								
<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	Recurrent Bronchitis	<input type="checkbox"/>	Tuberculosis			
<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	Heart Murmur or Valve Disease			
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	Liver Disease			
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Gastrointestinal Disorder	<input type="checkbox"/>	Loss of Consciousness			
<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Chronic Back or Joint Pain			

Allergy	Symptoms*			Frequency of Symptoms**			Treatment
	A	B	C	X	Y	Z	Please Describe Here
Animal Specify: _____							If so, do you have plans to work with these animals in your research?
Chemicals: Specify: _____							
Medications: Specify: _____							
Latex							
Other: (pollen, food, talc, etc.) Specify: _____							

**\*Symptoms:** A – itchy eyes, runny nose, sneezing  
 B – wheezing, shortness of breath, asthma  
 C - hives

**\*\*Frequency:** X – less than 1 time per year  
 Y – more than 1 time per year  
 Z – seasonal only

Please answer the following:	NO	YES	If YES, explain or list
Do you have any ongoing medical problems?			
Have you ever contracted a disease from animals or experienced an animal related injury (including bites, scratches, etc.)?			
Have you ever been told by a physician that you have an immune compromising medical condition or are you taking medication that might impair your immune system (e.g., steroids, immunosuppressive drugs, chemotherapy)?			
Are you currently under a physician's care for allergies or asthma?			
Are you currently taking any medications?			
For women: Are you pregnant, or planning to become pregnant in the next two years?			Explanation not necessary

**Immunizations:**

To meet the UAB Occupational Health policies, please provide the following information regarding immunizations, vaccinations, or tests. You may be asked to provide appropriate documentation

Vaccination	Date of Vaccination	Have you had this disease?	
		No	Yes
BCG (tuberculosis vaccine)			
Hepatitis A (complete series)			
Hepatitis B (complete series)			
Hepatitis A/B Combo (complete series)			
Measles (rubeola)			
Mumps			
Rubella			
MMR (measles, mumps, rubella combination)			
Rabies			
Tetanus			
Toxoplasmosis			
Vaccinia (smallpox)			
Varicella (chickenpox)			
Yellow Fever			
Other (specify)_____			

Date of last TB Skin Test (PPD)\_\_\_\_\_ Result?\_\_\_\_\_

If result was positive, what was the date of your last chest X-Ray?\_\_\_\_\_ Result?\_\_\_\_\_

**General Information:**

- If you have ever been diagnosed with or had symptoms of the following, you may be at increased risk of injury or health problems when conducting research at UAB.
 

Skin rashes	Glove Allergies/rashes	Allergies to animals, dander, and/or hair
Asthma	Muscle or bone problems	Allergies to pollen, food, etc.
Latex Allergy	Mitral valve prolapse	Repetitive motion injury (i.e., carpal tunnel)
Diabetes	Repeated episodes of diarrhea	Problems with visual acuity, hearing ability
Hernia	Splenectomy (missing spleen)	Allergic skin problems, eczema
Seizure disorder	Drug or alcohol dependency	Family history of hay fever, asthma
- If you are pregnant or if your immune system is suppressed, you may be at increased risk. Please make sure your private/personal physician knows about your job duties.
- Personnel working with certain animals may require immunizations specific to that species.
- If you have any disability (limitation) for which you believe an accommodation is needed for you to perform your job, it is your responsibility to inform your supervisor and request a workplace accommodation.
- To minimize risks to personnel, health screening at the beginning of the job and at periodic intervals is recommended for certain job categories.
- An annual tuberculosis (TB) screen is required for those in contact with nonhuman primates.
- Vaccination against TB by Bacillus Calmette-Guerin (BCG), does not exclude one from annual TB screening requirements.

**Assurances:**

I certify that information provided is true and complete to the best of my knowledge. I understand that any intentional false statement or omission of facts may be grounds for dismissal.

I have read the information in this form. I am aware that some health conditions may increase my risk to injury or illness when working with research animals. I understand that I should make my physician aware of these conditions and my duties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

