 **Health Questionnaire**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Last, First, MI) | | Hendrix ID | Date of Birth |
| Home Address | | Home Phone | Today's Date |
| Job Title | Work Phone | E-mail | |
| Supervisor | | Circle one:  Student Faculty/Staff | |
|
| Department | |
|

***Parts A and B should be filled out by Faculty or Staff knowledgeable regarding exposure level of specific hazards.***

|  |  |
| --- | --- |
| **PART A:** Animal(s) to which this form refers: |  |
|  |  |

**PART B: Occupational / Environmental Risk Factors**

**1. Laboratory Animal Use**

***Check all that apply***.

Working directly with animals.

Not handling animals but will be working in areas where animals are housed.

Working in animal biohazard areas (i.e., working with human or animal infectious agents).

Involved with veterinary care or animal husbandry.

Working with human specimens (cells, body fluids, etc) in conjunction with animal studies.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Animals/Tissues/Body Fluids Used or Handled** | | **Frequency of Contact** | | | |
| *Check all that apply* | | *Daily* | *1-3 times per week* | *1-3 times*  *per month* | *Infrequent (0-6 times per year)* |
|  | Rodents, rabbits, dogs, cats |  |  |  |  |
|  | Marine mammals |  |  |  |  |
|  | Reptiles or amphibians |  |  |  |  |
|  | Marine or freshwater bony or cartilaginous fish |  |  |  |  |
|  | Cattle, swine, poultry |  |  |  |  |
|  | Other (specify): |  |  |  |  |

**2. Risk Assessment for Laboratory Animal Use**

Potentially exposed to the following in conjunction with animal studies?

|  |  |  |  |
| --- | --- | --- | --- |
| *Yes* | *No* |  | *If yes, specify:* |
|  |  | A. Infectious Agents/r-DNA Technologies |  |
|  |  | B. Chemical Carcinogens |  |
|  |  | C. Radiation |  |
|  |  | D. Anti-Neoplastic Agents |  |
|  |  | E. Known Reproductive Hazards/Teratogens |  |
|  |  | F. Other |  |

**PART C: Personal Health History**

**1. Infectious Disease and Immunization History**

All individuals must have had a tetanus vaccination within the last 10 years. Complete the following table and **attach verifying documentation** of your immunization.

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Yes* | *Year* | *No* |
| Tetanus (DTP or Td) |  |  |  |

**2. Environmental Allergies / Asthma**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Yes* | *No* | *Don’t Know* | *Do you exhibit any of the following symptoms (runny nose; itchy, watery eyes; rashes; shortness of breath or difficulty breathing) when exposed to:* | | |
|  |  |  | Animals? | | |
|  |  |  | If yes, which animals? | | |
|  |  |  | Environmental allergens (pollen, mold, dust)? | | |
|  |  |  | Chemicals? | | |
|  |  |  | If yes, which chemicals? | | |
|  |  |  | List the treatment you receive to relieve your allergies. | | |
|  |  |  |  |  | |
|  |  |  | Do you have asthma? | | |
|  |  |  | Do you have any skin problems related to work (e.g., reactions to latex gloves)? | | |
|  |  |  | If yes, describe. | |  |
|  |  |  |  | | |

**4. Additional Personal Health Concerns – all animal users**

|  |  |  |
| --- | --- | --- |
| *Yes* | *No* | Do you have any health or workplace concerns not covered by the questionnaire that you feel may affect your occupational health and would like to confidentially discuss with Student Health or your personal care physician? |
|  |  |

I have answered the questions on this form truthfully and to the best of my recollection.

Signature Date

**You MUST also sign the *Occupational Health Surveillance Program* form**.

***Indicate below your desired participation in the Hendrix College Research Animal Care Occupational Health Surveillance Program.***

By participating in this program, you are allowing Student Health to communicate with the Hendrix College Institutional Animal Care and Use Committee (IACUC) regarding any medical condition you have or may develop that pertains to your exposure to animals at Hendrix College.

**Occupational Health Surveillance Program – Medical Release**



I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my permission to Student Health (including any health care professional appointed by Student Health and directly involved in my care) and the Hendrix College Institutional Animal Care and Use Committee (IACUC) to exchange medical information concerning me when necessary to coordinate my medical care. I understand this exchange is for the purpose of coordinating a safe work environment and to assure compliance with policies as adopted by the IACUC.

This release does not entitle other offices or departments of Hendrix College including, but not limited to, academic departments or Hendrix Public Safety to obtain information about me, unless those offices are otherwise entitled to the information or unless I specifically approve the release of such information in writing. I may revoke this release at any time in writing, but I understand that revocation will not affect any release made prior to the revocation.

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

**Witness** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

**Occupational Health Surveillance Program – Medical Declination**

***If you do not wish to participate in the Hendrix Occupational Health Surveillance Program, you must sign this statement.***

The occupational health risks of my job have been explained to me. At the present time, I am declining the Animal Care Occupational Health Surveillance Program that has been offered to me. I understand that I have the right to request this service at any time in the future while I am working with laboratory animals at Hendrix College. I also understand that this declination does not free me from abiding by other campus policies that ensure my health and the health of the animals.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print or type name legibly Hendrix ID

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date