



	Daily	1-4 times week	1-3 times month	Infrequent 1 - 11 times/year	N/A
14) Incomplete West Nile Virus (non-infectious)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) West Nile Virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Untreated Sewage Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Dengue virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Neisseria meningitidis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Francisella tularensis (non-virulent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Sindbis virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21) Rift Valley Fever MP12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22) Yellow Fever virus 17D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23) Other bacteria (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24) Other virus (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25) Other parasite (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D. Work Environment** (check all that apply)

- 26) Do you work around loud machinery? (For example, is it too loud to hold a normal conversation with someone standing in front of you?) Yes  No   
If "yes", please specify:
- 27) Do your work procedures or equipment generate excessive amounts of dust? Yes  No   
If "yes", please specify:
- 28) Do you use or wear any of the following items when working?  
 Protective eye glasses  Yes  No  N/A      Gloves  Yes  No  N/A  
 Lab coat  Yes  No  N/A      Hearing protection  Yes  No  N/A  
 Other (specify: \_\_\_\_\_)
- 29) Do you wear contact lenses?  Yes  No
- 30) Do you wear a respirator?  Yes  No  N/A  
 a. If "yes", what type of respirator do you wear?  
 Tight fit half face cartridge respirator       Tight fit full face cartridge respirator  
 N95 Filtering face mask       PAPR (Powered Air Purifying Respirator)  
 b. How often?  
 Daily  1-4 times per week  1-3 times per month  Infrequent 1-11 times/year
- 31) Has your health status changed recently or since the last time you completed this form due to medical condition (for example pregnancy, immunosuppression, disease diagnosis, heart condition, lung disease, cancer, claustrophobia, etc.)?  Yes  No
- 32) Do you have any questions concerning your health as it relates to your workplace that you would like to discuss with a health care professional?  Yes  No
- 33) Has your workplace conditions changed since the last time you completed this form and affected your ability to wear a respirator?  Yes  No

**Section II.**

1. During the last year have you been bitten by any laboratory animal(s) while working at UTEP?  
 a.  Yes  No  N/A      If "yes", please describe the incident and include species:
2. During the last year have you had any accidents, cuts, or scrapes while working/doing research at UTEP?  
 a.  Yes  No  N/A      If "yes", please specify nature of incident:
3. Do you have allergies?  Yes  No  
 If "yes", what substances are you allergic to or sensitized to? : \_\_\_\_\_

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