Date Reviewed EH&S

Occupational Health Medicine Questionnaire

Name:	Date:	Date of Birth:
Department:	UTEP ID:	Phone:
☐ Student ☐ Employee	e-mail:	Supervisor:

The purpose of this form is to obtain information from individuals working with hazardous materials or potentially hazardous materials at UTEP. This form requires that you provide work history and some general health information. Your rights to the confidentiality of your personal health information will be strictly maintained by the Physician or other licensed health care professional (PLHCP).

Section I.

A. Animal Use/Work (check all that apply)	Daily	1-4 times week	1-3 times month	Infrequent 1 - 11 times/year	N/A
1) Laboratory Rats	☐	☐	☐	☐	☐
2) Laboratory Mice	☐	☐	☐	☐	☐
3) Reptiles	☐	☐	☐	☐	☐
4) Fish	☐	☐	☐	☐	☐
5) Other animal (specify):	☐	☐	☐	☐	☐

B. Biohazard Use/work (check all that apply)	Daily	1-4 times week	1-3 times month	Infrequent 1 - 11 times/year	N/A
1) Human blood	☐	☐	☐	☐	☐
2) Human cells (specify):	☐	☐	☐	☐	☐
3) Trypanosoma spp.	☐	☐	☐	☐	☐
4) Leishmania Mexicana spp.	☐	☐	☐	☐	☐
5) Mycobacterium tuberculosis (virulent)	☐	☐	☐	☐	☐
6) Mycobacterium tuberculosis (avirulent strain)	☐	☐	☐	☐	☐
7) Nontuberculous mycobacteria	☐	☐	☐	☐	☐
8) Other bacteria (specify):	☐	☐	☐	☐	☐
9) Other virus (specify):	☐	☐	☐	☐	☐
10) Other parasite (specify):	☐	☐	☐	☐	☐

C. Work Environment (check all that apply)

11) 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:

12) Do your work procedures or equipment generate excessive amounts of dust? Yes ☐ No ☐
If "yes", please specify:

13) 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:)

14) 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

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→ 15) 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? (for example pregnancy, immunosuppression, disease diagnosis, heart condition, lung disease, cancer, claustrophobia, etc.)? ☐ Yes ☐ No

→ 16) Has your workplace conditions changed since the last time you completed this form and affected your ability to wear a respirator? ☐ Yes ☐ No

17) Do you have allergies? ☐ Yes ☐ No

a. If "yes", what substances are you allergic to or sensitized to?: _____

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 work in the BSL3? ☐ Yes ☐ No

Section III

Did you select any of the numbered items in Section I and Section II with an arrow (→)?

1. ☐ Yes ☐ No

If no, at this time you have completed the Occupational Health Program (OHP) questionnaire.

If yes, before continuing with section IV, please read the following document with:

Supplemental Information

Section IV.

1) I have read the supplemental information and acknowledge that due to the nature of my work, I may be at risk for serious health effects.

2) This OHP questionnaire will be reviewed by EH&S after which you may be contacted and offered optional health screenings based on your work environment, research protocol or specific risk factors.

3) Do you wish to ☐ Accept ☐ Decline medical screening services at this time?

Please sign here _ _____

If you change your mind at a later date and do want to receive medical screening you can always complete a new OHP and contact health&safety@utep.edu

For EH&S only

☐ Approved ☐ No test needed EH&S Representative_ _____