Occupational HEALTH REVIEW FOrm

**Please complete and submit this form to** **ochealthforms@du.edu** **(Include “DU Confidential” as the subject line) or through campus mail to the DU Environmental Health and Safety Office (EH&S) at 2601 E Colorado Ave., 2nd Floor.** A clearance must be completed initially and annually before personnel will be allowed to work on a research protocol if animal handling or biological hazards are involved. Please allow at least 5 – 10 days for a clearance to be processed.

## 1. Administrative Information

Name: Click here to enter text., Click here to enter text.

Date of Birth: Click here to enter a date.

Office Phone #:

Home/Cell Phone #:

Email Address: Click here to enter text.

Job Title: Click here to enter text.

Principal Investigator: Click here to enter text.

I certify the information provided is true, complete, and correct to the best of my knowledge and belief. I understand that the EH&S Office and an Occupational Health Physician will view the completed questionnaire. The information provided will be considered confidential and will be treated accordingly.

##### [ ]  I AGREE [ ]  I DO NOT AGREE

Today’s Date: Click here to enter a date.

Is this your first time filling out this form?

[ ]  Yes (Skip section 2 and complete Section 3) [ ]  No (Complete Section 2 ONLY)

## 2. Annual Follow Up (DO NOT COMPLETE THIS SECTION IF THIS IS YOUR INITIAL ENROLLMENT!)

If this is an ANNUAL FOLLOW-UP to your clearance, please answer the following:

2.1. In the past year, have you had any health concerns related to your animal or biological hazards work?

[ ]  Yes [ ]  No

2.2. In the past year, have you experienced nasal congestion, runny nose, sneezing, skin rash, wheezing, or shortness of breath, suspected to be related to your work?

[ ]  Yes [ ]  No

If you answered ‘NO’ to both questions, you do NOT have to complete the rest of this form.

## 3. Health History

Please select YES or NO to the following questions.

3.1. Do you have any of the following:

|  |  |  |
| --- | --- | --- |
| A. | Skin rashes | [ ]  Yes [ ]  No |
| B. | Glove allergies (latex)/rashes | [ ]  Yes [ ]  No |
| C. | Allergies to animals, pollen, food, etc. | [ ]  Yes [ ]  No |
| D. | Asthma  | [ ]  Yes [ ]  No |
| E. | Problems with visual acuity/hearing ability | [ ]  Yes [ ]  No |
| F. | Family history of asthma or allergies | [ ]  Yes [ ]  No |
| G. | Cough, shortness of breath, or wheezing | [ ]  Yes [ ]  No |
| H. | Immunocompromised | [ ]  Yes [ ]  No |

If yes to any of the above questions, please explain:

Click here to enter text.

3.2. What animal(s) will/do you work with at the University of Denver? **If you do not work with animals, go to 3.5.**

Click here to enter text.

3.3. When was your last tetanus vaccination?

Click here to enter a date.

3.4. Have you been evaluated for health problems related to animal exposure?

[ ]  Yes [ ]  No

If ‘YES’ please explain: Click here to enter text.

3.5. When working with animals or biological hazards, how often do you wear the following:

(Select Never, Sometimes, or Always)

|  |  |  |
| --- | --- | --- |
| A. | Gloves | [ ]  Never [ ]  Sometimes [ ]  Always |
| B. | Gown | [ ]  Never [ ]  Sometimes [ ]  Always |
| C. | Surgical Mask | [ ]  Never [ ]  Sometimes [ ]  Always |
| D. | Disposable Respirator | [ ]  Never [ ]  Sometimes [ ]  Always |
| E. | Non-Disposable Respirator | [ ]  Never [ ]  Sometimes [ ]  Always |
| F. | Goggles | [ ]  Never [ ]  Sometimes [ ]  Always |
| G. | Face Shield | [ ]  Never [ ]  Sometimes [ ]  Always |

3.6. Do you have any safety/health concerns about chemicals you are working with? [ ]  Yes [ ]  No

If ‘YES’ please describe: Click here to enter text.

3.7. Are you required to be fit tested for a respirator to work with lab animals or biological hazards?

[ ]  Yes [ ]  No

 If ‘YES’ please explain: Click here to enter text.

3.8. If research will be conducted off-campus, please list location(s) below:

Click here to enter text.

3.9. Does your research involve field studies, requiring a capture and contact with live, wild animals?

[ ]  Yes [ ]  No

If ‘YES’, what type(s) of animals?: Click here to enter text.

3.10. Does your research involve exposure to Biosafety Level 2 (BSL-2) materials?

[ ]  Yes [ ]  No

If ‘YES’, list BSL-2 material: Click here to enter text.

3.11. Does your research involve exposure to radiation?

[ ]  Yes [ ]  No

If ‘YES’, please list the type of radiation and the frequency of exposure below:

Radiation Type: Click here to enter text.

Frequency: Click here to enter text.

3.12. Does your research involve working with human blood, tissues, or cell cultures?

[ ]  Yes [ ]  No

If ‘YES’, please complete the following:

[ ]  I been vaccinated for Hepatitis B

[ ]  I have not been vaccinated for Hepatitis B \*

\* If you would like to be vaccinated, please contact Environmental Health and Safety (EHS)

at 303-871-7501 to schedule your vaccination.

[ ]  I would not like be vaccinated for Hepatitis B\*\*

\*\*I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself; however, I decline Hepatitis B Vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.