Occupational HEALTH REVIEW FOrm

**Please complete and submit this form to** [**ochealthforms@du.edu**](mailto: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.