



## OCCUPATIONAL HEALTH REVIEW FORM

Please complete and submit this form via fax to (303) 871-4097 or through campus mail to the DU Environmental Health and Safety Office (EH&S) at 2601 E Colorado Ave., 2<sup>nd</sup> 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.](#)

Department: [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.](#)

### 2. ANNUAL FOLLOW UP

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B.	Glove allergies (latex)/rashes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C.	Allergies to animals, pollen, food, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D.	Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E.	Problems with visual acuity/hearing ability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F.	Family history of asthma or allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G.	Cough, shortness of breath, or wheezing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H.	Immunocompromised	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always
B.	Gown	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always
C.	Surgical Mask	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always
D.	Disposable Respirator	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always
E.	Non-Disposable Respirator	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always
F.	Goggles	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always
G.	Face Shield	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> 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.](#)

## Institutional Animal Care & Use Committee (IACUC)

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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.