THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
Occupational Health

OCCUPATIONAL HEALTH ENROLLMENT FORM

YOUR RESPONSES ARE STRICTLY CONFIDENTIAL

General Information:

1. To minimize risks to employees, a health screening at the beginning of the job and at periodic intervals is recommended for certain job categories. Likewise, it is important that you notify EH&S Occupational Health about any change in your job, exposures or activities at UAB.
2. If you have ever been diagnosed with or had symptoms of the following, you may be at increased risk of injury or health problems when conducting research at UAB:

Skin rashes	Glove Allergies/rashes	Allergies to animals, dander, and/or hair
Asthma	Muscle or bone problems	Allergies to pollen, food, etc.
Latex Allergy	Mitral valve prolapse	Repetitive motion injury (i.e., carpal tunnel)
Diabetes	Repeated episodes of diarrhea	Problems with visual acuity, hearing ability
Hernia	Splenectomy (missing spleen)	Allergic skin problems, eczema
Seizure disorder	Drug or alcohol dependency	Family history of hay fever, asthma

3. If you are pregnant or if your immune system is suppressed, you may be at increased risk. Please make sure your private/personal physician knows about your job duties.
4. Employees working with certain animals may require immunizations specific to that species.
5. If you have any disability (limitation) for which you believe an accommodation is needed for you to perform your job, it is your responsibility to inform your supervisor and request a workplace accommodation.
6. An annual tuberculosis (TB) screening is required for employees with exposure to nonhuman primates and other specified areas at UAB. Vaccination against TB by Bacillus Calmette-Guerin (BCG), does not exclude one from annual TB screening requirements.
7. Allow 1-2 weeks for processing forms. Your EH&S Occupational Health Clearance will be delayed for incomplete forms.

Specific Information for Attachments 1 and Attachment 2:

1. In addition to completing pages 2, 3, and 4, you will be required to complete **Attachment 1** if any of the following apply to you:
   - have direct contact with or enter rooms occupied by nonhuman primates,
   - work in an area that requires TB screening,
   - work with material of human or nonhuman primate origin,
   - work with restricted material or in a restricted area,
   - work in or enter a BSL3 or ABSL3 area,
   - receive either a required or recommended immunization through this program,
   - work with animals or walk through an area where animals are present,
   - have a current or past medical condition that may affect your ability to work in an area.
2. You must either complete **Attachment 1** ***OR*** complete **Attachment 2**, which acknowledges by signature that you understand that you may be placing yourself and others at risk by not disclosing the information requested.

Internationals:

1. If you are newly arrived from outside the United States, **you MUST** contact International Student and Scholar Services (https://www.uab.edu/global/international-students-and-scholars) at **international@uab.edu**.
2. You must provide **documented immunization records prior to arriving** on UAB campus. Below is a list of vaccinations **required by UAB**:
   - 2 documented **MMR** vaccinations or titers demonstrating immunity
   - 2 documented **Varicella** vaccinations, documentation of having the disease or titers demonstrating immunity
   - 3 documented **Hepatitis B** vaccinations or having started the series or titers demonstrating immunity (if in clinical areas or working with tissue of human origin)
   - **Meningococcal** vaccinations (if <22 years old)
   - **Tetanus** vaccination within the last 10 years
   - 2 documented **Covid** vaccinations
   - **Proof of Negative Covid test** 3 days prior to travel
   - **A chest X ray done** in the **United States**

   when you arrive at UAB.

Form submittal:

1. You may submit completed forms electronically to EHSocchealth@uab.edu. **This is preferred**.
2. You may place the completed forms in a *Confidential Envelop* and return it to:
   UAB EH&S Occupational Health

CH19, Suite 445-2041

3. You may fax the completed forms to (205) 934-7487. Please be aware that the fax machine is located in the main EH&S office and confidentiality cannot be assured.
4. You may deliver your completed forms to CH19 Suite 412 and place the forms in the secured lock box at the receptionist desk.

Form 05-26-2006 Revised 11/15/2021

Please complete **ALL** of the following information. **Incomplete paperwork will delay processing and approval**.	**DATE:**

Check all that apply: ☐Mr. ☐Mrs. ☐Ms. ☐Dr. ☐ Male ☐ Female

Are you employed by UAB? ☐ Yes ☐ No Are you (circle one): Full Time Part Time Temporary

Last Name		First Name		MI	
Job Title		Work Address		Blazer ID	
Date of Birth		Best way to contact you		Dept.	
Work Phone		Alt. Phone		Email	
Supervisor Name					

So that we can perform a risk assessment on your work activities at UAB, please **provide a brief job description** in the space below (use back of form if more space is required):

Status: (Check all that apply)			
	☐Faculty	☐Staff/Employee	☐Research Technician/Associate
	☐ Student	☐ Post Doc	☐ Visiting Scientist (length of stay _____)
	☐ Volunteer		☐ Other (specify_____)

Work Area:

Lab Location (Bldg and Room):_____

Animal Facilities (Bldg and Room):_____

Other Areas (Bldg and Room):_____

Do you wear a respirator?: ☐ NO ☐ YES If YES, for what exposure: _____

If YES, what type of respirator: _____ If YES, date of last Fit Test: _____

Do you anticipate wearing a respirator?: ☐ NO ☐ YES

Work Exposure:

Does your work involve any of the following?	**NO**	**YES**	**If YES, specify/list**
1. Biological Agents			
a. Recombinant DNA/RNA			
b. Infectious Agents			
2. Human Blood, Body Fluids, Tissues, or Cells			
3. Physical Agents			
a. Caustics or Flammables			
b. Noise			
c. Radiation			
d. Radioisotopes			
e. Extreme Environmental Conditions			
f. Lasers			
4. Chemical Agents			

a. Anesthetic Gases			
b. Drugs/Chemotherapeutic Agents			
c. Heavy Metals			
d. Carcinogens			
e. Corrosive Agents			
f. Acid and Bases			
5. Animals			***If YES, complete the following table on next page***

Work Exposure (Cont.):

Species	Contact Type			Level of Contact*		
	Current at UAB	**In Past but not now**	**Outside of UAB**	**Level 1**	**Level 2**	**Level 3**
Mouse						
Rat						
Hamster						
Guinea Pig						
Rabbit						
Dog						
Cat						
Sheep						
Goat						
Pig						
Ferret						
Non-Human Primate Specify:_____						
Tree Shrews						
Bird(s) Specify:_____						
Fish Specify:_____						
Sea Urchins						
Reptile(s) Specify:_____						
Amphibian(s) Specify:_____						

OTHER:						

*Level 1: No direct contact with live animals, but either you enter animal room or animal is in your work space
Level 2: No direct contact with live animals, but you handle "unfixed" animal tissue and/or fluids
Level 3: Direct contact with live animal(s); (e.g., handle, restrain, collection of specimens, administers)

Immunizations:

To meet the UAB Occupational Health policies, please provide the following information regarding immunizations, vaccinations, or tests. **Also, you must attach documentation of vaccinations. If proof of vaccinations or disease from a physician or medical office is not attached, this will slow the process of your compliance.**

Vaccination	Date of Vaccination	Have you had this disease?	
		No	Yes
BCG (tuberculosis vaccine)			
Covid-19 (give dates of both vaccinations and booster)	1)		
	2)		
	3)		
Hepatitis A (give dates of both vaccinations)	1)		
	2)		
Hepatitis B (give dates of all three vaccinations)	1)		
	2)		
	3)		
Hepatitis A/B Combo (give dates of all three vaccinations)	1)		
	2)		
	3)		
Meningococcal (if <22 years old)			
MMR (Measles, Mumps, Rubella combination) (give dates of both vaccinations)	1)		
	2)		
Measles (Rubeola)			
Mumps			
Rubella			
Rabies			
Tetanus/Tdap (specify _____)			
Varicella (chickenpox)			
Other: (specify)_____			
Other: (specify)_____			

Date of last TB Skin Test (PPD)_____ Result?_____

If result was positive, what was the date of your last chest X-Ray?_____ Result?_____

Assurances:

I certify that information provided is true and complete to the best of my knowledge. I understand that any intentional false statement or omission of facts may place me or my coworkers at increased risk of health-related injury/illness and may be grounds for disciplinary action.

I have read the information in this form. I am aware that some health conditions may increase my risk of injury or illness when working with research animals. I understand that I should make my physician aware of these conditions and my duties.

Signature _____ Date _____

If electronically submitted, the form must be sent from the employee's UAB email account to satisfy the signature requirement.

ATTACHMENT 1
Medical History

Printed Name: _____ Blazer ID:_____

Have you had any of the following (check all that apply)?		
☐ Pneumonia	☐ Recurrent Bronchitis	☐ Tuberculosis
☐ Heart Disease	☐ Rheumatic Fever	☐ Heart Murmur or Valve Disease
☐ Diabetes	☐ Kidney Disease	☐ Liver Disease
☐ Cancer	☐ Gastrointestinal Disorder	☐ Loss of Consciousness
☐ Seizures	☐ Arthritis	☐ Chronic Back or Joint Pain

Allergy	**Symptoms***			**Frequency of Symptoms****			**Treatment**
	A	**B**	**C**	**X**	**Y**	**Z**	**Please Describe Here**
Animal Specify:_____							If so, do you have plans to work with these animals in your research?
Chemicals: Specify:_____							
Medications: Specify:_____							
Latex							
Other: (pollen, food, talc, etc.) Specify:_____							

***Symptoms:**	A – itchy eyes, runny nose, sneezing	****Frequency:**	X – less then 1 time per year
	B – wheezing, shortness of breath, asthma		Y – more than 1 time per year
	C – hives		Z – seasonal only

Please answer the following:	**NO**	**YES**	**If YES, explain or list**
Do you have any ongoing medical problems?			
Have you ever contracted a disease from animals or experienced an animal-related injury (including bites, scratches, etc.)?			

Have you ever been told by a physician that you have an immune-compromising medical condition or are you taking medication that might impair your immune system (e.g., steroids, immunosuppressive drugs, chemotherapy)?			
Are you currently under a physician's care for allergies or asthma?			
Are you currently taking any medications?			
For women: Are you pregnant, or planning to be come pregnant in the next two years?			Explanation not necessary.

ATTACHMENT 2
Declination to Disclose Medical History

Printed Name: _____ Blazer ID:_____

I certify that none of the following applies to me that would require me to complete **Attachment 1**:

1. have direct contact with or enter rooms occupied by nonhuman primates,
2. work in an area that requires TB screening,
3. work with material of human or nonhuman primate origin,
4. work with restricted material or in a restricted area,
5. work in or enter a BSL3 or ABSL3 area,
6. receive either a required or recommended immunization through this program,
7. work with animals or walk through an area where animals are present,
8. have a current or past medical condition that may affect your ability to work in an area.

I understand that I have the option of completing **Attachment 1** in order to provide EH&S Occupational Health with a more complete history. I am, however, declining to provide this information at this time and will ensure that my primary care physician is aware of the work that I am conducting here at UAB. I understand that I may be placing myself and others at risk by not disclosing the information requested on the form to EH&S Occupational Health or my personal physician.

I understand that I may choose to complete **Attachment 1** at a later time in order to provide EH&S Occupational Health with a more complete history and to receive services through EH&S Occupational Health.

_____ _____

Signature Date