



EMPLOYEE HEALTH

The University of Alabama at Birmingham

UAB EMPLOYEE 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 Occupational Health/UAB Employee Health about any change in your job, exposures or activities at UAB.
2. If you are a hospital employee and also conducting research, you must complete the Initial Enrollment Form.
3. If you are a non-UAB employee (visitor, contractor, volunteer, minor, etc.) you must complete the Initial Enrollment Form if you will be in any animal area, lab area, research area or clinical space.
4. 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
5. If you are pregnant or if your immune system is suppressed, you may be at an increased risk. Please make sure your private/personal physician knows about your job duties.
6. Employees working with certain animals may require immunizations specific to that species.
7. 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.
8. 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.
9. To meet requirements of UAB Employee Health/Occupational Health, please provide proof of vaccinations or proof of disease from a physician or medical office. **You must attach documentation of vaccinations.** **If proof is not attached, this will slow the process of your compliance. Allow 1-2 weeks for processing forms. Your Occupational Health/UAB Employee Health Clearance will be delayed for incomplete forms.**

Students:

1. If you are working in a lab for class credit or gaining credit hours, and will only be in the lab for one semester, you do not need to complete this form.
2. If you are working in the lab as a Volunteer with **NO PAY**, please complete the Enrollment Form and the Consent for Volunteer in Lab Form (<https://www.uab.edu/employee-health/images/non-employees/volunteer-clearance-form.pdf>).

Internationals:

1. If you are newly arrived from outside the United States, **you MUST** contact International Student and Scholar Services at iss@uab.edu (<https://www.uab.edu/global/international-students-and-scholars>).
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** vaccination (if <22 years old)
 - **Tdap** vaccination within the last 10 years
 - 2 documented **Covid** vaccinations (plus any booster)
 - **Complete TB Screening Form** – additional TB testing will be determined when form is reviewed
3. If you will be receiving vaccinations, having lab work for titers or having a chest x-ray when you arrive at UAB, please understand that all costs associated with these vaccinations and tests will be your responsibility. It is best to receive any/all vaccinations needed and/or titers drawn for proof of immunity **BEFORE** leaving your country. If proof of vaccination and/or titers are not received prior to arriving at UAB and you must receive vaccinations or have lab work, this will hold up your approval process and could detain you from starting work.

For more information, please visit our website at www.uab.edu/employee-health

Form submittal: Please submit completed form electronically to ehocchealth@uab.edu.

Campus/Research Hospital/Clinical HSF/TKC School of Medicine International Visitor

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 Non-Employee

Last Name	_____	First Name	_____	MI	_____
Job Title	_____	UAB Work Address	_____	Blazer ID	_____
Date of Birth	MM/DD/YYYY		_____	Best way to contact you	_____
Department	_____	UAB Work Phone	_____	Alternate Phone	_____
Email Address	_____		Supervisor Name	_____	

REQUIRED: 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):

If you are a UAB Student and Lab is part of class for credit, you do not need to complete form

Status: Faculty/Staff/Employee Visiting Scientist - arrive _____
 (Check all that apply) UAB Student - length of stay _____
 Volunteer/Minor (under 18 years) Other (specify _____)

Work Area:

Lab Location (Bldg and Room): _____

Animal Facilities (Bldg and Room): _____

Patient Care/Clinical Area (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			<i>If YES, complete the following table on next page</i>

Work Exposure (continued):

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 workspace
- 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)

Medical History:

Have you had any of the following (check all that apply)?

- | | | |
|--|--|--|
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Recurrent Bronchitis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Heart Murmur or Valve Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Liver Disease |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Gastrointestinal Disorder | <input type="checkbox"/> Loss of Consciousness |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Arthritis | <input type="checkbox"/> 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
 B – wheezing, shortness of breath, asthma
 C – hives

****Frequency:** X – less than 1 time per year
 Y – more than 1 time per year
 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 become pregnant in the next two years?			Explanation not necessary.

Immunizations:

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. If you are a current employee, have you had any immunizations from another healthcare facility/provider **since your last Enrollment Form?**

Vaccination	Date of Vaccination (proof of vaccinations must be attached)	Titer (proof of titer must be attached and show reference ranges)	Have you had this disease?	
			No	Yes
BCG (tuberculosis vaccine)				
Covid-19 (give dates of both vaccinations and booster)	1)			
	2)			
	3)			
	4)			
Hepatitis A (give dates of both vaccinations)	1)			
	2)			
Hepatitis B (give dates of both or all three vaccinations)	1)			
	2)			
	3)			
Hepatitis A/B Combo (give dates of all three vaccinations)	1)			
	2)			
	3)			
Influenza (current)				
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) (give dates of both vaccinations)	1)			
	2)			

Date of last TB Skin Test (PPD) _____ Result? _____ If positive, did you receive treatment? YES NO
 If 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.