

## EMPLOYEE HEALTH ENROLLMENT FORM

### YOUR RESPONSES ARE STRICTLY CONFIDENTIAL

Place the completed Employee Health Program Enrollment form in a *Confidential Envelope* and return it to:

UAB OH&S Employee Health  
Address: CH19, Suite 445 -2041  
Phone: 934-2487  
Fax: 934-7487

Upon receipt, completed forms are placed in a secured lock box outside the OH&S Employee Health Clinic (CH19 412) until they are reviewed by the medical staff of the Clinic. You may personally deliver your form and place it directly into the box or you may mail the form in a confidential envelope. If you choose to fax the information, be aware that the fax machine is located in the main OH&S office and confidentiality cannot be assured.

### General Information:

1. 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
2. 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.
3. Personnel working with certain animals may require immunizations specific to that species.
4. 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.
5. To minimize risks to personnel, health screening at the beginning of the job and at periodic intervals is recommended for certain job categories.
6. An annual tuberculosis (TB) screening is required for those 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.

### Specific Information for Attachments 1 and 2

1. If any of the following apply to you, you will be required to complete **Attachment 1**:
  - Have direct contact with or enter rooms occupied by nonhuman primates,
  - Work in an area that required 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, or
  - You receive either a required or recommended immunization through this program.
2. To expedite this process and obtain OH&S Employee Health Clearance, complete this attachment and return it with your Enrollment Form. Your OH&S Employee Health Clearance will be delayed until this form is completed.
3. If you do not fall into one of the categories listed in number 1 above, but you work with animals or work in an area where animals are present, you will be asked to complete **Attachment 1**. You must either complete the attachment or acknowledge by signature on **Attachment 2** that you understand that you may be placing yourself and others at risk by not disclosing the information requested.
4. If you have a medical condition or feel that further information may be helpful for the OH&S Employee Health physician to know about you (see number 1 above), please complete **Attachment 1** and submit it with your Enrollment Form.

## Demographic Information:

Please complete <b><u>ALL</u></b> of the following information:				<b>DATE:</b>	
Check all that apply: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Male <input type="checkbox"/> Female      Are you employed by UAB? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Last Name		First Name		MI	
Job Title		Work Address		Blazer ID	
Birth Date		Best way to contact you		Dept.	
Work Phone		Alt. Phone		Email	
Supervisor Name					
<p>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):</p>          					

### Status:

(Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Faculty            | <input type="checkbox"/> Staff/Employee | <input type="checkbox"/> Research Technician/Associate |
| <input type="checkbox"/> Student            | <input type="checkbox"/> Veterinarian   | <input type="checkbox"/> Microbiologist                |
| <input type="checkbox"/> Post Doc           | <input type="checkbox"/> Pathologist    | <input type="checkbox"/> Volunteer                     |
| <input type="checkbox"/> Visiting Scientist | <input type="checkbox"/> Biologist      | <input type="checkbox"/> 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, type of respirator: \_\_\_\_\_ If YES, date of last Fit Test: \_\_\_\_\_

### 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			
5. Animals			<i>If YES, complete the following table on next page</i>

## 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: _____						
Bird(s) Specify: _____						
Fish Specify: _____						
Reptile(s) Specify: _____						
Amphibian(s) Specify: _____						

- \*  
 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. You may be asked to provide appropriate documentation.

Vaccination	Date of Vaccination	Have you had this disease?	
		No	Yes
BCG (tuberculosis vaccine)			
Hepatitis A (complete series)			
Hepatitis B (complete series)			
Hepatitis A/B Combo (complete series)			
Measles (rubeola)			
Mumps			
Rubella			
MMR (measles, mumps, rubella combination)			
Rabies			
Tetanus			
Toxoplasmosis			
Vaccinia (smallpox)			
Varicella (chickenpox)			
Yellow Fever			
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

**Based on the information provided in this form, if you are concerned that you may be at increased risk and wish to schedule an appointment to discuss this information, please provide your contact information and check here\_\_\_\_\_.**

(work)\_\_\_\_\_ (home)\_\_\_\_\_ (mobile)\_\_\_\_\_

# ATTACHMENT 1

## Medical History

**Printed Name:** \_\_\_\_\_ **Blazer ID:** \_\_\_\_\_

**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

## 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 with material of human or nonhuman primate origin,
3. Work with restricted material or in a restricted area,
4. Work in or enter a BSL3 or ABSL3 area, or
5. Will receive either a required or recommended immunization through OH&S Employee Health.

I understand that I have the option of completing **Attachment 1** in order to provide the OH&S Employee Health Physician 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 OH&S Employee Health or my personal physician.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date