

TEXAS A&M UNIVERSITY- COMMERCE OCCUPATIONAL HEALTH & SAFETY QUESTIONNAIRE

Name (Last, First, MI)	CWID#	Birth Date	Sex (M/F)
Job Title	Project/Class Title:	Start Date	
Department	Cell Phone	E-mail	
PI/Faculty/Supervisor's Name	PI//Faculty/Supervisor's Phone	PI/Faculty/Supervisor's E-mail	

INSTRUCTIONS: Your PI/supervisor must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To ensure correct information, *please have your PI/supervisor help with Part A.* To maintain your confidentiality, *your PI/supervisor must not look at or review your answers to Part B.* This form will be reviewed by a health care professional and kept in your confidential medical record in the ORSP. **You must bring the completed form to Glenda Denton, Research Compliance Coordinator located in the Gee Library, Room 225B.**

PART A: OCCUPATIONAL EXPOSURES (Your PI/Supervisor should help complete this page.)

My work will **NOT** include exposure to animals, unfixed tissues, cells, or body fluids.
(If you check this box: Confirm with your PI/Supervisor that you need to participate in the OHP.)

My work includes **exposure to animals, unfixed tissues, cells, or body fluids** in research or teaching.

My work also includes **providing routine care for animals** used in research or teaching.

Please list each animal species you will be working with:

¹TB screening will be required if working with primates. ²Q-fever screening will be required if working with female sheep.

Field study: with what species and in what country:

Confidential when complete

TAMUC HEALTH QUESTIONNAIRE

Name (Last, First, M.I.)	CWID#
	Project/Class Title:

My work also includes potential exposures to (check all that apply):

- Human or nonhuman primate tissue, cells, blood or other potentially infectious material.*
- Hazardous chemicals, medications, or volatile anesthetics.*
- Infectious disease agents, recombinant DNA or viral vectors.*
- Physical hazards, such as loud noise, high heat, lasers, or radiation.*
- Other occupational hazards. (Please specify below.)*

Please list any exposures of concern:

TAMUC HEALTH QUESTIONNAIRE

Name (Last, First, M.I.)	CWID#
	Project/Class Title:

PART B: HEALTH HISTORY (Your PI/Supervisor should not see PART B).

I. IMMUNIZATIONS List year of immunization or treatment and provide original immunization/medical records.

I have been immunized or treated for:	Yes, I got the vaccine in (year).	I had a blood test in (year).	I had the disease in (year).	No vaccine, no test, no disease.	I'm not sure.
Tetanus					
Diphtheria					
Pertussis					
Measles (rubeola)					
Mumps					
Rubella					
Polio					
Varicella (chicken pox)					
Hepatitis B					
Rabies					
<i>C burnetii</i> (Q Fever)					
Vaccinia (cow pox)					
Yellow Fever					

II. ENVIRONMENTAL ALLERGIES or ASTHMA

Yes No Don't know

Do you have any allergies or asthma?.....

If no, skip to Part III. (***Please contact Student Health Services if you are EVER concerned about allergies, asthma, or other health issues related to work.***)

If yes, what symptoms do you get?

- Sneezing, runny nose, or sinus congestion
- Red or itchy eyes
- Skin rash or irritation
- Coughing or wheezing
- Difficulty breathing

If yes what triggers your symptoms?

- Foods: _____
- Medications: _____
- Pollens or plants: _____
- Animals: _____
- Something at work: _____
- I'm not sure.

If yes, what treatment(s) do you use for allergies or asthma?

TAMUC HEALTH QUESTIONNAIRE

Name (Last, First, M.I.)

CWID#

Project/Class Title:

III. OTHER HEALTH CONCERNS

Yes

No

1. Do you have any conditions causing immune suppression (e.g. pregnancy, cancer, rheumatoid arthritis, lupus, asthma, HIV/AIDS, chronic viral illness)?

2. Do you have any other health concerns that may affect your health at work that you would like to confidentially discuss with the TAMUC Student Health Center?

I have answered the questions on this form truthfully and to the best of my recollection.

(Signature)

(Today's Date)

Student Health Services – Medical Professional Recommendation

– No Apparent Concerns

– Recommendation Not to Proceed with Activities

– Follow up Required

Signature: _____

Date: _____