

University of Tennessee, Knoxville Occupational Health Program

Health History

Name: _____

SS#: _____

Department: _____

Today's date: _____

TO THE EMPLOYEE:

PURPOSE: The purpose of this health assessment is to protect you from infectious disease and other preventable, job related problems. As indicated above, you are at some risk because you work with animals.

WHAT WILL BE EXPECTED OF YOU: You are asked to complete this health history form before arriving at your appointment, when you will undergo an assessment which will include a health risk review and, depending on your job duties and personal health factors, may include a physical exam and lab work. You also may be asked to receive immunizations.

DISCLOSURE OF INFORMATION: The information will be held confidential. You may request that a copy of your record be sent to your personal health care provider. You will be advised of the results of your health assessment at the time of your visit. If lab work is done, you will be notified of any abnormal results by either phone or campus mail.

HEALTH TEACHING: You will receive educational materials related to your occupational health risks at the time of your appointment.

If you have further questions or concerns, please contact the Occupational Health Nurse at (865) 974-5728.

COMPLETE THE FOLLOWING:

(IF THERE ARE PORTIONS YOU DO NOT UNDERSTAND, PLEASE ASK THE NURSE TO ASSIST YOU AT THE TIME OF YOUR APPOINTMENT)

I. PATIENT INFORMATION

Name _____ Date of Birth _____
Gender _____ National Origin _____ Race _____
Position _____ Campus Address _____
Campus Phone _____ Home Phone _____ E-Mail _____
Health Care Provider (e.g., physician, nurse practitioner) _____
Health Care Provider Address and Phone Number _____

II. OCCUPATIONAL RISK FACTORS

What facility/location do you work in? _____

Who is your supervisor? _____

What are you typical job duties? _____

Are you currently listed on a protocol? YES NO If yes, what number? _____

Category of Risk: (check all that apply)

- Contact with non-human primates
- Contact with cats, dogs, wildlife
- Contact with experimental projects involving known zoonotic etiologic agents
- Contact with venomous animals
- Contact with large animals (horses, cattle, etc) and agricultural animals
- Contact with (circle) rabbits, guinea pigs, mice, rats, other: _____
- No direct contact, but enter the facility

Are you exposed to the following agents? (check all that apply)

- Infectious agents
- Recombinant DNA
- Carcinogens/mutagens/teratogens
- Toxic chemicals
- Ionizing radiation
- Anti-neoplastic agents

III. **HISTORY**

A. PERSONAL HISTORY

1. ILLNESSES/EXPOSURES

Have you ever been diagnosed with any animal-related infectious disease? If so, which one(s)?

Are you concerned about any work-related health risk, such as exposure to chemical or infectious substances, injuries, or strains related to heavy lifting? If so, please list below:

Do you have any disabilities/limitations that would affect your ability to perform work duties? If so, please list below:

2. IMMUNIZATIONS

Write the date you last had the following immunizations, or never, or do not know:

Tetanus _____ Hepatitis B _____

BCG (tuberculosis vaccine) _____ Rabies (series, booster, or titer) _____

Have you ever had an adverse reaction to any of these? _____

Note: _____

***Please provide written documentation of your previous immunizations.**

3. DIAGNOSTIC TESTS

If you have had any of the following tests done, please list the most recent dates and results:

TB skin test _____

Have you ever had a positive TB skin test? _____

Allergy testing _____

B. PRESENT HEALTH STATUS

1. Do you have a personal history of allergies? Yes No
 _____ seasonal rhinitis "hay fever" _____ animals
 _____ asthma _____ trees, grasses, molds
 _____ eczema _____ medications
 _____ hives _____ latex

Note: _____

2. Are you currently pregnant? Yes No
 Are you considering pregnancy in the near future? Yes No

Note: _____

3. Do you have an illness or take any medication that lowers your immune system? Yes No

Note: _____

4. Have you been diagnosed as a diabetic/hypoglycemia? Yes No

Note: _____

5. Do you have a history of seizures or have you been diagnosed with epilepsy? Yes No

Note: _____

6. Do you have any other health issues/conditions that you feel may affect your ability to perform your job duties? Yes No

Note: _____

I certify that the above statements are true, complete, and correct to the best of my knowledge and belief.

Signature

Date

----- To be completed by OHP Nurse -----

Reviewed by

Date

Information handouts given:

- | | | |
|--------------------|-------------------------|-----------------------------|
| Allergies _____ | Hepatitis B,C,D,E _____ | Rabies _____ |
| Brucellosis _____ | Herpes B _____ | References _____ |
| Chlamydiosis _____ | Mycobacteriosis _____ | Salmonella _____ |
| Giardia _____ | Pregnancy _____ | Toxoplasmosis _____ |
| Hantavirus _____ | Q Fever _____ | Tuberculosis _____ |
| Hepatitis A _____ | | Universal Precautions _____ |