Denver | Anschutz

Environmental Health and Safety | Occupational Health

INITIAL MEDICAL SURVEILLANCE QUESTIONNAIRE

Updated: July 2026

Completion of this form is a requirement for all CU Denver/Anschutz personnel who work with animals or hazardous materials. Access to the CU Anschutz vivarium may be denied if this form is not completed. All information is privileged and confidential.

SUBMISSION INSTRUCTIONS: This form can be emailed, mailed, or submitted in person. **The preferred method is electronic.**

ADDRESS: Occupational Health Program, 13001 E. 17th Place, Fitzsimons Building, second floor (W2214) Aurora, CO 80045

EMAIL: Occupational.Health@cuanschutz.edu **PHONE:** 303-724-9145

Section 1.0 Personal Information

Name:	Gender:	Date of Birth:	Today's Date:
Employee/Student ID:	Job Title:		Speed Type:
Campus: ☐ AMC ☐ CU Denver ☐ VA ☐ DH ☐ Boulder ☐ CSU ☐ Other:			Dept:
Work Phone #:	Cell Phone #:	Building and Lab Room #:	
Protocol: ☐ IACUC ☐ IBC	Protocol #:	PI:	Supervisor:	Email:
Employment Status: ☐ Full time ☐ Temp/Intern (Select One): ☐ Summer Only ☐ 2-12 Weeks ☐ 3-24 Months ☐ >2 Years			
If in summer/temporary research program [Gates, CREU, ORE, etc.] note program:	Preferred Language:	Would you like an interpreter? ☐ Yes ☐ No	

Section 2.0 Occupational Duties and Laboratory Exposure

2.1 *Check the boxes below that apply to the occupational health duties and activities associated with your work.*

☐ Clinical research (research protocol requires work directly with patients/ human research subjects in a hospital or non-hospital setting)
If working in a clinical research setting, complete section 2.3

☐ Human materials (cells, cell lines, blood or tissue) ☐ Immortalized only

☐ **Unfixed** animal tissue (i.e. harvesting organs, tissues, cells, etc. [directly from animals prior to fixative agent])

☐ Animal cell culture

☐ Non-Human primate (monkey) tissue (i.e. Macaque, Cebus, etc.)

Briefly describe work activities involving cells/tissue culture:

2.2 *Check the boxes below that apply to the hazards associated with your work.*

☐ Recombinant and synthetic nucleic acids (e.g. rDNA, plasmids or transduced cells) - Describe:

☐ Viral vectors - List:

☐ Mycobacterium tuberculosis (direct work with TB cultures or confirmed TB positive patient samples) *If checked, complete section 2.3*

☐ Infectious agents - List:

☐ Generating/creating/aerosolizing nanomaterials:

☐ Work with nanomaterials is performed in a fume hood or biosafety cabinet

☐ Radioactive material:

☐ Carbon-14 ☐ Hydrogen-3 (Tritium)
☐ Iodine-125 ☐ Sulfur-35
☐ Phosphorus-32 ☐ Other:

☐ Lasers:

☐ Microscopy
☐ Class 3b
☐ Class 4

☐ X-rays *does not include MultiRad 350 X-Irradiator

☐ Anti-neoplastic drugs

☐ Anesthetic gas use

☐ <37% formaldehyde ☐ ≥37% formaldehyde (specify building/lab):

☐ Work with ≥37% formaldehyde is performed in a fume hood

☐ Toxins/venoms - List:

☐ Teratogens or carcinogens - List:

2.3 Tuberculosis Risk Assessment: *Complete section 2.3 if your lab works directly with mycobacterium tuberculosis OR if you work in a clinical research setting*

1. ☐ YES ☐ NO Have you ever been exposed to tuberculosis without proper PPE?
2. ☐ YES ☐ NO *If yes to question 1*, have you had a tuberculosis blood test (T Spot or TB QuantiFERON) since your last exposure? If yes:

a. When and how were you exposed?

b. Where and when were you tested?

c. What was the result of that test? (send results to occupational.health@cuanschutz.edu)

Section 3.0 Animal History

The purpose of this section is to determine if you have work-related activities that may predispose you to acquiring work related allergic and autoimmune responses while working with research animals

1. Do you work with live animals? ☐YES ☐NO
2. Do you work with whole animal cadavers? ☐YES ☐NO
3. Will animals be present in your work area? ☐YES ☐NO

If YES to **<u>any of the 3 questions above</u>**, continue to Section 4.0 (complete the entire form)

Section 4.0 Occupational Duties and Laboratory Animal Exposure

4.1

1. I have worked with laboratory animals in the past ☐YES ☐NO
   a. If yes, how many months/years did you work with laboratory animals? Months: Years: Types of animals:
2. I perform animal handling or procedures in my new position ☐YES ☐NO

4.2 *Check the boxes below to describe your handling of <u>live</u> lab animals:*

- ☐ Rodents (mice, rats, hamsters, gerbils, rabbits, chinchillas)
- ☐ Guinea pigs: ☐Hairless ☐Haired
- ☐ Pigs: ☐Awake ☐Anesthetized Only
- ☐ Sheep: ☐ Research will be conducted in the "Red Zone" of the PRF
- ☐ Cows
- ☐ Fish, frogs, or other aquatic animals
- ☐ Ferrets
- ☐ Arthropods
- ☐ Field work (describe):
- ☐ Other (describe):

4.3

1. **Briefly describe daily duties/job requirements with animals:**
2. Do you have animals at home? ☐YES ☐NO If yes, list the animals:

Section 5.0 Facilities/Police Exposure Information

The following are questions that only apply to Facilities and University Police Department employees otherwise, skip to section 6.0: Medical History.

Which of the following building areas will you enter for your work within the next year? *(Select all that apply)*

- ☐ Perinatal Research Facility (AK32- Red Zone)
- ☐ Research 1 North P-18- Vivarium, ABSL-3, BSL3
- ☐ Other (please describe):
- ☐ Research 2 P-15- Vivarium
- ☐ Education 1 P26- State Anatomical Board

For Facilities ONLY, check if you are one of these specialties: ☐ Plumbing ☐ Paint booth ☐ Grounds

Section 6.0 Medical History

1. ☐ YES ☐ NO Do you have any new allergies to animals or latex? If yes, please describe:
2. ☐ YES ☐ NO Do you currently have any of the following symptoms while working with animals in your research?:
   If yes, select all that apply
   - ☐ Watery, burning, or itchy eyes
   - ☐ Chest tightness
   - ☐ Runny nose
   - ☐ Shortness of breath
   - ☐ Sneezing or coughing
   - ☐ Skin rash or hives
   - ☐ Wheezing
   - ☐ Other (please describe):

   a. Are you taking any measures to mitigate your exposure to allergens? (PPE, medications, treatments, etc.)
   If yes, describe:

3. ☐ YES ☐ NO Are you immunocompromised or have any significant medical conditions? (including pregnancy)
   If yes, describe:

Will you be wearing a mask/respirator for your research? ☐YES ☐NO

Signatures

PI/Supervisor Signature: _____ **Patient Signature:** _____

Immunization records are required to review this form. Please email complete immunization records to occupational.health@cuanschutz.edu after completing this form.