



ENVIRONMENTAL HEALTH & SAFETY | OCCUPATIONAL HEALTH

INITIAL MEDICAL SURVEILLANCE QUESTIONNAIRE

Fill out the attached medical surveillance questionnaire. The personal health and medical information provided by employees of University of Colorado, Denver in this questionnaire is used by the Department of Environmental Health and Safety's (EHS) Occupational Health Program's clinicians to establish a baseline medical history. All information is privileged and confidential. Submission of this Initial Form as well as Annual Renewals is an Institutional requirement for entering research areas.

SUBMISSION INSTRUCTIONS: This form can be emailed, mailed or submitted in person. THE PREFERRED METHOD IS ELECTRONIC.
ADDRESS: Occupational Health Program, Mail Stop H275, 12348 East Montview Blvd., 2nd Floor, Aurora, Colorado 80045

EMAIL: Occupational.Health@ucdenver.edu PHONE: 303-724-9145 FAX: 303-724-9213

Section 1.0 PERSONAL INFORMATION

Name:	Gender:	Date of Birth:	Today's Date:	Speed Type:
ID:	Job Title:	PI/Supervisor:		
Campus: AMC Downtown VA DH Boulder CSU Other:	Dept.:			
Work #:	Cell #:	Building and Lab Room #:		
Protocol: IACUC IBC Unknown	Email:			
Employment Status: Full time Temp/Intern: Summer only 2 – 12 weeks 3 – 24 months > 2 years				
Preferred language:	Would you like an interpreter? Yes No			

Section 2.0 OCCUPATIONAL DUTIES and LABORATORY EXPOSURE

Check the boxes below to describe your handling of human cells, tissue, blood.

Human or Animal cells / Tissue culture ONLY

Hospital bedside

Human cells, cell lines, blood or tissue

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)

None of the ABOVE **Other** - Describe:

Briefly describe daily duties/job requirements with Cells/Tissue Culture:

Will you be using ant agents from the following hazardous groups? (**Check all that apply**)

Recombinant DNA (rDNA): Animal Viral Bacterial Human Other: Describe:

Infectious Agents (i.e. HIV, E. Coli, Dengue, West Nile Virus, etc) Please list:

Viral Vectors Please list:

Radioactive Material Describe: Describe:

Formaldehyde: <10% >=10%
Where do you work? AIP 3rd floor Pathology Research Histology Shared Resource Group RC1N Teaching Lab
Other:

Anesthetic gases Describe:

Teratogens/Carcinogens Please list:

Nanoparticles Describe:

Lasers: Microscopy Class 3B Class 4

Anti-neoplastic drugs Please list:

Toxins/Venoms Please list:

Others:

NO HAZARDOUS GROUP

Select the following person protective equipment (PPE) used in your lab / work area.	Protective eye glasses	Yes	No
	Mask/Respirator	Yes	No
	Lab Coat	Yes	No
	Gloves	Yes	No
Are you or will you be working with any needles or sharps?		Yes	No

OCCUPATIONAL LABORATORY 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 **any of the 3 questions above**, continue to Section 3.0 (complete the entire form).

Section 3.0 OCCUPATIONAL LABORATORY ANIMAL HISTORY

I have worked with laboratory animals in the past. Yes No

How many months/years did you work with laboratory animals? Months: Years: | Types of animals:

I perform animal handling or procedures in my new position. Yes No

Check the boxes below to describe your handling of **live** lab animals:

Animal Species		
Fish/frogs (other aquatics)		
Rodents (mice, rats, hamsters, gerbils, rabbits, chinchillas)		
Guinea pigs: Hairless Haired		
Cats		
Pigs: Awake Anesthetized Only		
Sheep		
Cows		
Field work: (Where and what animals?)		
Other animals:		
Describe daily duties/job requirements with animals:		

Do you have animals at home? Yes No

Please list the animals:

PI/Supervisor Signature: _____

Patients Signature: _____

FOR CLINIC USE ONLY

Provider Notes:	
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Enrollment completed: _____ Date: _____

Enrollment **not** completed, pending: _____

Education and Counseling on Animal Allergies	Hazardous group education provided
Counseled on injury/first aid/animal bites/scratch procedures	Health Counseling
Reproductive Health Hazards Counseling given	Referred for identified hazardous groups
	Recommend Fit Testing

EHSA