Initial Enrollment Forms
UTSA OCCUPATIONAL HEALTH PROGRAM

Last Name _____ First Name _____ Middle Name _____ Date of Birth _____

Gender ☐ Male ☐ Female Department _____ Supervisor/PI _____

Job Title _____ Work phone _____ Cell Phone _____ E-Mail _____

Campus Bldg/Office Location _____ Room # _____ My UTSA ID #: (abc123) _____
(i.e BSB/ FSA)

Vaccination History (Provide dates as accurately as possible)

Hepatitis A _____ Hepatitis B _____ Influenza _____
Rabies (Rabavert) _____ Tetanus _____ PPD (TB Skin Test) _____
Chickenpox (Varicella) _____ MMR _____
Tetanus, Diptheria, Pertussis (DPT/Tdap) _____

Do you work with formaldehyde?	☐ No	☐ Yes	_____
Do you work with human or non-human primate blood, tissue or cells?	☐ No	☐ Yes	_____
Do you work with any infectious agents (i.e., bacterial, viral,fungal, parasitic)?	☐ No	☐ Yes	_____
Do you work with biological toxins (i.e., botulism, conotoxin, tetrodotoxin)?	☐ No	☐ Yes	_____
Do you work with anesthetic gases (i.e., isoflurane)?	☐ No	☐ Yes	_____
Do you work with anti-neoplastic drugs?	☐ No	☐ Yes	_____
Do you work with carcinogens (i.e., benzene, chloroform, dicholormethane)	☐ No	☐ Yes	_____
Do you work with highly toxic chemicals?	☐ No	☐ Yes	_____
Do you work with heavy metals (i.e., copper, chromium, lead, lithium)?	☐ No	☐ Yes	_____
Do you work with reproductive hazards (mutagens/teratogens)?	☐ No	☐ Yes	_____
Are you exposed to animal waste (carcasses, feces, urine, tissues)?	☐ No	☐ Yes	_____
Are you exposed to needles/scalpels/sharps?	☐ No	☐ Yes	_____
Do you wear a respirator in your work?	☐ No	☐ Yes	_____
Do you cut metal by torch or weld > 20 days/year?	☐ No	☐ Yes	
Are you allergic to latex?	☐ No	☐ Yes	
			List Animals, Insects or Plants
Do you have close, recurring contact with **animals** during your work?	☐ No	☐ Yes	_____
Do you have contact with **insects** during your work?	☐ No	☐ Yes	_____
Do you have close, recurring contact with potentially harmful **plants or fungi**?	☐ No	☐ Yes	_____

Acknowledgement and Waiver Statement – Please read and check items as appropriate prior to signing and dating the form below:

☐ I have reviewed the information concerning the UTSA Occupational Health Program in this document and as posted on the website http://utsa.edu/safety/#/workplace/occupational. I understand that my recurring animal contact or exposure to biological, chemical or physical hazards may have a health risk exposure, and I am advised to have a health assessment. I also understand health risks are associated with not accepting the health assessment.

☐ I understand that tests or immunizations for my job function / area may be mandatory for full participation in the OHP and that proof of test or immunizations are needed to meet program requirements.

In full recognition of the above statements please mark one of the following 3 participation choices:

☐ I accept participation in the UTSA OHP Health Assessment and will complete the UTSA OHP Health Assessment.

☐ I decline participation in the UTSA OHP Health Assessment, but I will contact my personal physician to meet UTSA's recommendation for medical surveillance and I will provide my personal physician with the UTSA OHP Health Assessment for my full program participation.

☐ I decline participation in the UTSA OHP Health Assessment.

I have read, understood, and answered all parts of this form truthfully, and to the best of my ability and knowledge.

_____ _____
Signature Date

REVISED 6-3-2015

Return Forms Via Campus Mail to EHSRM/Occupational Health Coordinator or Fax to 5072

Initial Enrollment Forms
UTSA OCCUPATIONAL HEALTH PROGRAM
HEPATITIS B VACCINATION DISCLOSURE FORM

Name (Please Print):_____Department _____ Supervisor _____

Date of Birth:_____/_____/_____ Job Title _____ Phone(work/cell) _____

As a result of the nature of my occupational duties at UTSA, there is a substantial risk of direct contact with blood or other potentially infectious materials which have been determined as likely to transmit the Hepatitis B virus. I have received Bloodborne Pathogen Training and am aware of the precautions that must be taken when dealing with blood and body fluid exposure. As part of UTSA's Bloodborne Pathogen Exposure Control Plan and as a covered employee under UTSA's Occupational Health Program, I can receive vaccination against Hepatitis B at no cost.

INSTRUCTIONS: Place a ☑ in either A, B or C box below that best describes your intent.

☐ Yes, I'd like to get a Hepatitis B vaccine

Vaccinations are given on Thursdays. Call x5304 or e-mail UTSAohp@utsa.edu, to make appointment.

CONSENT FOR HEPATITIS B VACCINE. In accordance with UTSA's Bloodborne Pathogen Exposure Control Plan, I am being offered, free of charge, the Hepatitis B vaccination. The vaccine will be administered during working hours.

1. I have never received the Hepatitis B vaccine and would like to be vaccinated.
2. I have been informed that I am at risk of acquiring hepatitis B because of the nature of my professional responsibilities.
3. I have read the information sheet that lists the indications, benefits, and presently known side effects of Hepatitis B vaccine, have had an opportunity to ask questions, and have had them answered to my satisfaction.
4. I must receive three (3) doses of vaccine over a period of six (6) months to confer optimal immunity.
5. I understand, however, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse reaction to the vaccine.
6. In the event that I should terminate employment at UTSA prior to receiving all three (3) doses of Hepatitis B vaccine, I understand that it will be my responsibility to complete the vaccination series on my own initiative and at my own expense.

Employee Signature:_____ Date:_____

☐ I already received the Hepatitis B.

PREVIOUS IMMUNIZATION WITH HEPATITIS B VACCINE. I have previously completed a three-dose series of the Hepatitis B Vaccine. I understand that it is currently believed to be effective for life. I further understand that I will be contacted by UTSA's Occupational Health Coordinator if new information becomes available contradicting this belief.

Employee Signature:_____ Date:_____

☐ I DECLINE taking the Hepatitis B vaccine.

DECLINATION STATEMENT. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me; however, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature:_____ Date:_____

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Animal Allergy Questionnaire
UTSA OCCUPATIONAL HEALTH PROGRAM

Animal Allergy Questionnaire:

Last Name	First Name	Middle Name	Date of Birth

Department	Supervisor/PI	Job Title

Work Phone	Cell Phone	E-mail

Animal Contact ☐ Yes ☐ No if No, skip to next section - Allergy History

Indicate the types of animal contact you will have:

☐ Direct contact and handling of animals
☐ Direct contact and handling of non-fixed or non-sterilized animal tissues, animal fluids, or animal wastes
☐ Direct contact with non-sanitized animal caging or enclosures
☐ Services, repair, or maintenance related support of animal equipment, devices, and/or facilities

Do you have contact with animals outside of work? ☐ Yes ☐ No
If yes, please list the species_____

Do you have any of the following symptoms that you feel may cause or make worse, or are the result of working at an animal facility or with lab animals? ☐ Yes ☐ No

☐ Watery, burning, or itchy eyes ☐ Runny nose ☐ Sneezing ☐ Shortness of breath
☐ Cough ☐ Chest tightness ☐ Wheezing ☐ Hives ☐ Rash

Have you ever changed jobs/work habits because of symptoms from handling animals? ☐ Yes ☐ No

Allergy History

Indicate any allergic conditions you may have to the following:

☐ Dog ☐ Cat ☐ Farm Animals ☐ Bird (feathers) ☐ Sheep (wool) ☐ Nonhuman Primates
☐ Rabbit ☐ Swine ☐ Rats or mice ☐ Guinea Pigs ☐ Mold ☐ Weeds
☐ Latex ☐ Grasses ☐ Trees ☐ Wood ☐ Chemicals_____
☐ Other_____ ☐ Medications

Indicate any medical conditions you may have:

☐ Skin rash ☐ Hay fever ☐ Chronic coughing ☐ Eczema ☐ Latex allergy ☐ Asthma
☐ Allergic conjunctivitis (itchy, watery eyes from allergies)
☐ Chronic allergies (food, pollens, dust, or chemicals)
☐ Allergic rhinitis (runny nose due to allergies)
☐ A natural parent or sibling with allergies to animals or their substances

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Animal Allergy Questionnaire
UTSA OCCUPATIONAL HEALTH PROGRAM

Medical History (check if yes)	Yourself	Immediate Family (optional)
Respiratory allergies including hay fever	☐	☐
Asthma	☐	☐
Skin Allergies	☐	☐
Food Allergies	☐	☐
Chronic sinus disease	☐	☐
Smoker or tobacco user	☐	☐

Comments – please list any concerns or other health-related information the Occupational Health physician should know:

_____
_____
_____

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

_____ _____
Signature Date

Physical Examination

To be completed by OHP Physician/staff

☐ Required; OHP staff will arrange for a physical examination

☐ Not required

Physician Comments

_____
_____
_____
_____

_____ _____
Physician Signature Date

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