UTSA OCCUPATIONAL HEALTH PROGRAM
Risk Assessment & Initial Enrollment Form

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 (Please attach supporting immunization documentation)

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

			If yes, Describe
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	_____

Acknowledgment Statement

- I have reviewed the information concerning the UTSA Occupational Health Program (OHP) posted on the People Excellence OHP web page.
- I understand that working directly or indirectly with animals, or exposure to biological, chemical or physical hazards may pose certain health risks. I have been advised to complete the OHP Health Assessment in order to provide the Licensed Health Care Provider (LHCP)with a complete medical history.
- 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 may be needed to meet program requirements.

In full recognition of the above statements please check one of the following 2 participation choices:

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

☐ I decline participation in the UTSA OHP Health Assessment at this time, and I will review and sign the OHP Health Assessment Declination form that will be given to me by the Occupational Health staff.

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

_____ _____
Signature Date

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

REV 8/2020

THE UNIVERSITY OF TEXAS AT SAN ANTONIO
HEPATITIS B VACCINATION DISCLOSURE FORM

Name (Please Print):_____Department _____ Supervisor _____

Date of Birth:____/____/_____ UTSAID:_____Job Title _____ Phone(work/cell)_____

Email: _____

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
Call Ext.5304 or e-mail UTSAohp@utsa.edu to schedule an 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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UTSA OCCUPATIONAL HEALTH PROGRAM
HEALTH ASSESSMENT

Last Name	First Name	Middle Name	Birth Date

Department	Supervisor / PI	Job Title

I understand that the Health Assessment is **OPTIONAL** and provides a baseline health assessment that can assist the Occupational Health Program in offering targeted health risk counseling and/or referral to me. I also understand that I may be contacted by the Occupational Health Program medical staff to clarify my response, or lack of response, to certain questions asked in this section.

_____ By initialing here, I understand the information as stated above
Initial Here

_____ I DECLINE participation in the OHP Health Assessment
Initial Here

Emergency Contact last name	Emergency Contact first name	Emergency contact phone number

Emergency Contact relationship

Name of your personal physician	Personal physician phone number

Relevant Health and Vaccination History

		Please provide additional information including dates to all yes answers
1. Do you have a prior injury or illness related to animal contact or biomedical research?	☐ Yes ☐ No	
2. Have you ever been diagnosed with asthma?	☐ Yes ☐ No	
3. Have you ever been diagnosed with allergies?	☐ Yes ☐ No	
4. Have you ever tested positive for tuberculosis?	☐ Yes ☐ No	
5. Have you ever failed a pulmonary function test?	☐ Yes ☐ No	
6. Have you ever had blood tests with abnormal results?	☐ Yes ☐ No	
7. Have you had any X-rays, CT scans, or MRI with abnormal results in the last two years?	☐ Yes ☐ No	
8. Are you aware of any existing medical conditions that might create an animal or chemical contact risk that has not been addressed elsewhere, please list here?		
9. Are you aware of any existing medical conditions that might compromise your ability to safely wear a respirator?	☐ Yes ☐ No	

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Health Assessment
UTSA OCCUPATIONAL HEALTH PROGRAM

Individual Health Information

YES	NO	GENERAL	OTHER PROBLEMS OR COMMENTS TO YES RESPONSES
☐	☐	Recent Weight Changes	
☐	☐	Fever or Sweats	
☐	☐	Fatigue	
		SKIN	**OTHER PROBLEMS OR COMMENTS TO YES RESPONSES**
☐	☐	Rashes or Hives	
☐	☐	Eczema	
☐	☐	Bruising	
		HEAD	**OTHER PROBLEMS OR COMMENTS TO YES RESPONSES**
☐	☐	Blackout Spells/Fainting	
☐	☐	Head Injury/Loss of Consciousness	
☐	☐	Headaches	
☐	☐	Seizures	
		EYES	**OTHER PROBLEMS OR COMMENTS TO YES RESPONSES**
☐	☐	Trouble Seeing	
☐	☐	Redness	
☐	☐	Itching	
☐	☐	Glasses or Contacts	
☐	☐	Color Blind	
☐	☐	Watering Eyes	
		EARS	
☐	☐	Difficulty Hearing	
☐	☐	Infection	
☐	☐	Ringing	
☐	☐	Hearing Aid	
		NOSE, SINUSES, THROAT, MOUTH	**OTHER PROBLEMS OR COMMENTS TO YES RESPONSES**
☐	☐	Frequent Infections/Colds	
☐	☐	Breathing Problems	
☐	☐	Trouble Smelling Odors	
☐	☐	Sore Throat/Hoarseness	
☐	☐	Nasal Congestion/Runny Nose	
		RESPIRATORY	**OTHER PROBLEMS OR COMMENTS TO YES RESPONSES**
☐	☐	Cough (Dry or with Phlegm or Blood)	
☐	☐	Wheezing	
☐	☐	Shortness of Breath	
☐	☐	Bronchitis	
☐	☐	Lung Disease	
☐	☐	Abnormal Chest X-ray	
		CARDIAC	**OTHER PROBLEMS OR COMMENTS TO YES RESPONSES**
☐	☐	Heart Trouble	
☐	☐	Chest Pain	
☐	☐	High Cholesterol	
☐	☐	High Blood Pressure	
☐	☐	Valvular Heart Disease or Murmur	
☐	☐	Palpitations	
		REPRODUCTIVE	**OTHER PROBLEMS OR COMMENTS TO YES RESPONSES**
☐	☐	Reproductive Health Concerns	
		GASTROINTESTINAL	**OTHER PROBLEMS OR COMMENTS TO YES RESPONSES**
☐	☐	Trouble swallowing	
☐	☐	Vomiting, Heartburn or Indigestion	
☐	☐	Abdominal Pain	
☐	☐	Bleeding from the Mouth or bowel	
☐	☐	Liver Disease or Hepatitis	
☐	☐	Hernia	
		URINARY	
☐	☐	Pain with Urination or Blood in Urine	**OTHER PROBLEMS OR COMMENTS TO YES RESPONSES**
☐	☐	Change in Urinary Habits	

Health Assessment
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☐	☐	Kidney Disease	
YES	NO	**MUSCULOSKELETAL**	**OTHER PROBLEMS OR COMMENTS TO YES RESPONSES**
☐	☐	Back Pain	
☐	☐	Joint Pain or Stiffness	
☐	☐	Limitation of Motion	
☐	☐	Weakness	
		EXTREMITIES	**OTHER PROBLEMS OR COMMENTS TO YES RESPONSES**
☐	☐	Numbness	
☐	☐	Pain in Walking	
☐	☐	Swollen Ankles or Feet	
		ENDOCRINE	**OTHER PROBLEMS OR COMMENTS TO YES RESPONSES**
☐	☐	Thyroid Disease	
☐	☐	Diabetes	
☐	☐	Type/Insulin(s)/Oral Med(s)	
		IMMUNE	**OTHER PROBLEMS OR COMMENTS TO YES RESPONSES**
☐	☐	Cancer	
☐	☐	Immunosuppression	
☐	☐	Tumor	

HOSPITALIZATIONS – List any hospitalizations during the past five years:

SURGURIES - list surgeries (with approximate dates) that you have had:

INJURIES – Have you ever been treated for low back pain? If so, please list details:

MEDICATIONS – Please list any prescription or over-the-counter drugs, including supplements, you take and the reason for taking them:

OUTSIDE EMPLOYMENT/HOBBIES – What outside hobbies or employment do you have that would predispose you to risk or injury with your work duties at UTSA:

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

_____ _____

Signature **Date**

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: ☐ None

☐ 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: ☐ None

☐ 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

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	☐	☐
None ☐		

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