
***University of Texas Employee Health Clinical Services***

Occupational Health Program Enrollment Form

**Confidential Medical Information**

**TYPE OR PRINT CLEARLY**

|  |  |
| --- | --- |
| Name:  | Date of Birth: Gender: 🞎 Male 🞎 Female |
| Street Address: | City/State/ZIP/Country: |
| Your Contact Number(s): | Your email: |
| Your Supervisor or Sponsoring Agency: | For visitors, what is the estimated duration of your stay at UTH?Visiting Student Trainee 🞎 \_\_\_\_Months \_\_\_\_ Days Visiting Scientist 🞎 \_\_\_\_Months \_\_\_\_ Days   |
| Job Title: | UTH Department/School: |
| ***CONFIDENTIALITY STATEMENT:*** This form requests that you provide personal health information that is protected by University policy and State and Federal law. Your rights to the confidentiality of your personal health information will be strictly maintained by Employee Health Services. Your information will be used or disclosed in accordance with those policies and laws only to the minimal extent necessary for your treatment or business operations. You are not required to disclose this information and may decline enrollment at the end of this form. |

**Animal / Biological Agent Contact**

**Please indicate the animals you work or will be working with (check the box if you work with the specified animal).**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Amphibians |  | Gerbils |  | Rats |  | Other list: |
| Birds |  | Goats |  | Rabbits |  |  |
| Cats |  | Guinea Pigs |  | Reptiles |  |  |
| Cattle |  | Hamsters |  | Sheep |  |  |
| Dogs |  | Mice |  | Swine |  |  |
| Ferrets |  | Non-Human Primate |  | Wild Rodents |  |  |
| Fish |  | Poultry |  |  |  |  |

**Please indicate tissue, blood, or biological agents that you work or will be working with (check the appropriate box):**

Do you work with primate tissues? Yes 🞎 No 🞎

Do you work in an area where primates or primate tissues are housed or handled? Yes 🞎 No 🞎

Do you work with human blood products? Yes 🞎 No 🞎

Do you work with animal blood products? Yes 🞎 No 🞎

Do you work with human tissue? Yes 🞎 No 🞎

Do you work with animal tissue? Yes 🞎 No 🞎

Do you work with recombinant DNA technology? Yes 🞎 No 🞎

If yes, does the research involve techniques in which viable, recombinant DNA-containing micro-organisms are used to infect animals that require Bio-safety level 3 containment? Yes 🞎 No 🞎

**Medical History**

Have you had any changes in your health condition in the past year? Yes 🞎 No 🞎

Do you have any breathing problems? Yes 🞎 No 🞎

Do you have any heart problems? Yes 🞎 No 🞎

Have you gained or lost 20 or more pounds in the past year? Yes 🞎 No 🞎

Have you been told by a physician that you have an immune compromising medical condition or are you taking medications that impair your immune system (steroids, immunosuppressive drugs, or chemotherapy)? Yes 🞎 No 🞎

For Women: Are you pregnant, or planning to be pregnant in the next year? Yes 🞎 No 🞎

**Animal Allergies**

Have you had any recent problems with the following symptoms? Yes 🞎 No 🞎

Please indicate which symptoms you have experienced:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Condition** | **Yes** | **No** |  **Condition** | **Yes** | **No** |
| Watery or itching eyes |  |  | Shortness of breath |  |  |
| Runny nose  |  |  | Chest tightness |  |  |
| Sneezing |  |  | Rash or hives |  |  |
| Wheezing |  |  | Chronic allergies (dust, pollen, food, mold) |  |  |
| Chronic cough |  |  | Asthma |  |  |

Are these more frequent while at work? Yes 🞎 No 🞎

Are these symptoms associated with:

Dogs 🞎 Cats 🞎 Cattle 🞎 Horses 🞎 Bird (Feathers) 🞎

Pigs 🞎 Primates 🞎 Rabbits 🞎 Goats 🞎 Sheep (Wool) 🞎

Rats or Mice 🞎 Guinea Pigs 🞎 Alfalfa 🞎 Weeds 🞎 Trees 🞎

Chemicals 🞎 Latex 🞎 Wood 🞎 Grasses 🞎 Mold ­­­­­­­­­­­­­­­­­­ 🞎

Other 🞎 List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have these symptoms required any treatment with over-the-counter medications (Claritin, Benadryl, decongestants, eye drops, etc.)? Yes 🞎 No 🞎

Have you had to wear a respirator, goggles or protective clothing to protect yourself from allergies (e.g., hay fever [rhinitis], eye symptoms, hives or asthma) at work? Yes 🞎 No 🞎

Have you been treated by your own physician for allergies that began at work? Yes 🞎 No 🞎

**If you suspect you may have work related allergies or have any other questions about your health status or this form, please contact UT Employee Health at 713-500-3254.**

**ACCEPTANCE: I agree to be enrolled in the Occupational Health Program at this time. I understand that I may change my status at any time in the future by calling Employee Health at 713-500-3254.**

**Signature for enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DECLINATION: I decline to be enrolled in the Occupational Health Program at this time. I understand that I may enroll at any time in the future by calling Employee Health at 713-500-3254.**

**Signature for declination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*Please submit this completed form via regular mail or via interoffice mail to **7000 Fannin, UCT Suite 1620, Houston, TX 77030 or fax to 713-500-3263 or by encrypted email to** **Occupational.Health@uth.tmc.edu**