Denver | Anschutz

Environmental Health and Safety | Occupational Health

MEDICAL SURVEILLANCE QUESTIONNAIRE

Updated: May 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. There is no charge for processing this form.

SUBMISSION INSTRUCTIONS: This form can be emailed, 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:
Employee/ Student ID:	Job Title:	Today's Date:
Campus: ☐ AMC ☐ CU Denver ☐ VA ☐ DH ☐ Boulder ☐ CSU ☐ Other:		Dept:
Work Phone #:	Cell Phone #:	University Email:
Protocol #:	PI:	Supervisor:	Building and Lab Room #:

☐ **I am a PI AND I do not actively engage in lab/ bench work and I never go into the vivarium** *(If checked, skip sections 2-3. Sign and date on page 2 and submit.)*

Section 2.0 Research Exposure Information

☐ **Select this box if you no longer participate in any research** (No longer do lab/ bench work, clinical research, enter the vivarium, work with any animals or hazardous materials, are not listed on any IACUC or IBC protocols)

2.1 Select the animals you have contact with at work:

- ☐ NO CONTACT WITH 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
- ☐ Other (describe):
- ☐ Field studies (describe):

2.2 Select the hazardous material you have contact with at work

- ☐ NO CONTACT WITH THE BELOW AGENTS/HAZARDOUS MATERIALS
- ☐ Viral vectors (list):
- ☐ Recombinant and synthetic nucleic acids (e.g. rDNA, plasmids or transduced cells)
- ☐ Generating/creating/aerosolizing nanomaterials:
  - ☐ Work with nanomaterials is performed in a fume hood or biosafety cabinet
- ☐ Human materials (cells, cell lines, blood or tissue) ☐ Immortalized only
- ☐ 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
- ☐ Radioactive material:
  - ☐ Carbon-14
  - ☐ Iodine-125
  - ☐ Phosphorus-32
  - ☐ Hydrogen-3 (Tritium)
  - ☐ Sulfur-35
  - ☐ 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
- ☐ Animal cell culture
- ☐ Unfixed animal tissue (list):
- ☐ Mycobacterium tuberculosis (direct work with TB cultures or confirmed TB positive patient samples) *If checked, complete section 2.3*
- ☐ Infectious agents and biosafety level (list):
- ☐ Toxins/venoms (list):
- ☐ Teratogens or carcinogens (list):

2.3 Tuberculosis Risk Assessment:

Complete this section if your lab works directly with mycobacterium tuberculosis OR if you work in a clinical research setting

1. ☐ YES ☐ NO Have you been exposed to tuberculosis without proper PPE in the past year?

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 2.4 Facilities/Police Exposure Information

The following are questions that only apply to Facilities and University Police Department employees. If that does not apply to you, skip to section 3.0: 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 3.0 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:

Section 4.0 Employee Signature Certification. I verify the above information is correct.

Employee Signature: **Date:**