



ENVIRONMENTAL HEALTH & SAFETY | OCCUPATIONAL HEALTH

INITIAL MEDICAL SURVEILLANCE QUESTIONNAIRE

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 to enroll in Occupational Health. All information is privileged and confidential.

Submission Instructions: This form can be emailed or submitted in person. The preferred method is email.

EMAIL: Occupational.Health@cuanschutz.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:
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 that apply to the hazards associated with your duties.

- Research protocol requires work in a clinical setting
- 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.)

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

X-rays *Does not include MultiRad 350 X-Irradiator

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 Select: Carbon-14 Hydrogen-3 Iodine-125 Phosphorus-32 Sulfur-35 Other:

Formaldehyde: <37% >=37%

Where do you work? AIP 3rd floor Pathology Research Histology Shared Resource Group RC1N Teaching Lab
Other:

Anesthetic gases Describe:

Teratogens/Carcinogens Please list:

Generating/creating/aerosolizing nanomaterials Describe:

Lasers: Microscopy Class 3B Class 4

Anti-neoplastic drugs Please list:

Toxins/Venoms Please list:

Others:

Personal Protective Equipment

Select the following personal 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 4.0 (complete the entire form).

Section 4.0 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:

Sheep* *Research will be conducted in the "Red Zone" of the Perinatal Research Facility

Fish/frogs (other aquatics)

Cows

Rodents (mice, rats, hamsters, gerbils, rabbits, chinchillas)

Field work (describe):

Guinea pigs: **Hairless** **Haired**

Ferrets

Cats

Non-human primates

Pigs: **Awake** **Anesthetized Only**

Other animals:

Describe daily duties/job requirements with animals:

Do you have animals at home? Yes No

Please list the animals:

Facilities/Police Exposure Information (leave blank if not applicable)

1. 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)

Education 1 (P26- State Anatomical Board)

Research 2 (P15- Vivarium)

Other (please list):

Research 1 North (P18- Vivarium, ABSL3, BSL3)

Facilities only:

Please check if you are one of these specialties:

Plumbing

Paint booth

Grounds

Section 5.0 Medical History

1. Do you have any allergies to animals or latex? Yes No

If so, please list them:

2. Do you have any of the following symptoms while working with animals?

Watery, burning, or itchy eyes

Sneezing or coughing

Shortness of breath

Chest tightness

Skin rash or hives

None of the above

Runny nose

Wheezing

3. Are you immune-compromised or have any significant medical issues? Yes No

If so, please specify:

Signature

**PI/Supervisor
Signature:** _____

**Patient
Signature:** _____

For Clinic Use Only

**Provider
Notes:**

Enrollment completed: _____ Date: _____

Enrollment **not** completed, pending: _____

Education and Counseling on Animal Allergies

Counseled on injury/animal bites/scratch procedures

Reproductive Health Hazards Counseling given

Hazardous group education provided

Health Counseling

Referred for identified hazardous groups

Recommend Fit Testing