



Medical Surveillance Questionnaire Annual Recertification

Completion of this form is an **annual** requirement for all CU Denver/Anschutz employees who work with animals or hazardous materials. Access to the CU Anschutz vivarium may be denied if this form is not completed on an annual basis. All information is privileged and confidential. There is no charge for processing this form.

SUBMISSION INSTRUCTIONS: This form can be **printed and scanned** or **saved and sent as an attachment** to the Occupational Health email, or **faxed**.

EMAIL: Occupational.Health@ucdenver.edu PHONE: 303-724-4663 FAX: 303-724-9213

Section 1: Personal Information

Name:		Female	Male	Date of Birth:	Today's Date:
Employee ID #:	Dept.:	Job Title:		PI:	
Campus:	Anschutz Medical Campus	Building and Laboratory Room Number:			
	Denver Campus VA DHHC	CU Denver Email:			
	Denver South Boulder	Best Contact Phone:			
	CSU Contractor				

Are there any changes to your research protocol from last year, or updates to your health status? Yes No
If yes, complete sections 2-4. If no, please sign and date at bottom and submit to Occupational Health.

I am a P.I. who does not actively engage in lab/bench work and never goes into the vivarium
If checked, do not complete sections 2-4. Sign and date at bottom and submit to Occupational Health.

Section 2: Exposure Information – to assess your exposure to potentially allergenic or hazardous substances

1. Select the animals that you have contact with at work		2. Select other potentially hazardous materials that you routinely work with at CU Denver/Anschutz?			
NO CONTACT WITH ANIMALS		Recombinant DNA (rDNA)		Anesthetic gas use	
Rodents (mice/rats etc) or Rabbits		Human cells, tissue, or blood		Anti-neoplastic drugs	
Dogs or Cats		Radioactive material		Formaldehyde ≥4%	
Calves or Sheep		Unfixed animal tissue	Species:		
Pigs		Infectious agents	Please list:		
Fish, Frogs, or other aquatics		Teratogens or carcinogens	Please list:		
Field studies		Animal cell culture			
Other (list):		NO CONTACT WITH:	Hazardous materials		

Section 3: Medical History

1. Do you have any new 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	Runny nose	Sneezing or coughing	Wheezing
Chest tightness	Shortness of breath	Skin rash or hives	N/A
3. Are you immuno-compromised or have any significant medical issues?		Yes	No
If so, please specify:			
4. Fit Testing		5. Vaccinations	
Respiratory fit testing	Date:	Tetanus (Tdap - every 10 yrs.)	Date:
Wear respiratory protection? Yes No		Hepatitis B (3-shot series)	Dates:
a. If so, what type?		Other:	
6. Titers (if applicable)			
a. Q-Fever Titer	Date:	b. Hep B Titer	Date: Result:

Section 4: Employee Signature Certification: I verify the information above is correct.

Employee Signature:	Date:
---------------------	-------

For Clinic Use

CU Denver Occupational Health Care Provider Signature:	Date:
--	-------

Provider Notes:

--