**Health Assessment Update**

**Occupational Health and Safety Program**

| * A Health Assessment form must be completed for each participant on an Animal Study Protocol.
* The completed and signed form must be *hand delivered* in a sealed envelope to the DLAR Office Rm 4-02, VA Bldg 119, Attn: Marvin Bowe.
* This form will be reviewed in strict confidence by the Occupational Health physician, who may contact the participant for further information or to make recommendations for precautions which should be taken.
* Annual updates are required for all participants (use this shorter Health Assessment Update form).
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# **Personal Information**

| **Date:**       |
| --- |
| **Name:** | (last)       | (first)       | (MI)       |

**Personal health information necessary to assess occupational risk is requested below** (check one and sign)

[ ]  I agree to provide such information.

| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- |
|  | *OR* |  |

[ ]  I decline to provide such information. In declining, I specifically release ETSU, the State of Tennessee, its offices and employees from liability for damages incurred as a result of my refusal. Please note that declining to provide such information will result in disapproval to work with animals and associated potentially infectious materials.

**Reason for non-participation:** \_\_\_\_\_\_\_\_\_\_

| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- |

| [ ]  yes | [ ]  no |
| --- | --- |

Are there any changes in the level of risk or duration of animal exposure?

If so, please indicate:

**Health History**

| [ ]  yes | [ ]  no |
| --- | --- |

Do you have any changes in your health history from the previous form regarding allergies/asthma, immune function, pregnancy/risk of pregnancy, or musculoskeletal fitness?

If yes, please indicate the changes:

| [ ]  yes | [ ]  no |
| --- | --- |

Have you had any updated immunizations or tests? (e.g tetanus vaccine, spirometry, etc)

If yes, please list immunization or test *and* date:

Please confirm that the principle investigator has obtained approval from the University Committee on Animal Care for the project before you work with the associated animals. Further, make certain that you have been informed of all risks involved in working with the animal and of measures, including appropriate training, to protect your own health and safety.

| Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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