Please complete this form, along with forms A and B

C *Mail or give all forms to – Vivarium Safety Officer, Mail Code 0091*
To protect your privacy, please put forms B and C in a separate sealed envelope.

UCSD Environment Health and Safety

Medical History Questionnaire for Employees / Affiliates with Research Animal Exposure

Purpose: Employees working with or in close proximity to research animals are required to complete this questionnaire. Your answers are confidential and need not be revealed to anyone except a healthcare provider. Based on your answers, you may be required to go to UCSD Occupational & Environmental Medicine (COEM) for further evaluation.

NOTE: Principal investigators are responsible for the cost of job-related medical surveillance. It is not covered under University-provided medical insurance or Workers' Compensation.

Instructions: Please complete this form. You must also complete forms A and B. To protect your privacy, please put this form (C) with form B in a sealed envelope separate from form A and mail all forms to Vivarium Safety Officer 0091. Receipt of all forms is required to get medical clearance to work with or around research animals.

Name: _____ UCID#: _____
(Please Print)
Email address: _____ Phone #: _____

List animals you will be working with: _____

Date of last Tetanus vaccine booster (attached documentation of your last booster): _____

	Yes	No
Have you received a Hepatitis B vaccination series?	☐	☐
If Yes 1) Please list dates (attach a copy of your immunization record): _____		
2) Have you had your titer checked? (If yes, attach a copy of your titer results)	☐	☐
Date: _____ Result: _____		
Do you have one of the following medical conditions?		
• Known or suspected allergies to animals	☐	☐
If Yes, please list: _____		
• Chronic health problems such as diabetes	☐	☐
• Serious renal or liver disease	☐	☐
• Valvular heart disease	☐	☐
• Immune system deficiencies or other limitations to your ability to fight off disease	☐	☐
• Current therapy with high-dose steroids, radiation therapy, or cancer therapy	☐	☐
• History of problems with your spleen or absence of your spleen	☐	☐
• Pregnant or planning to get pregnant	☐	☐
• Are you currently using respiratory protection?	☐	☐
If Yes, 1) Please list type:		
2) Have you been fit tested?	☐	☐

Authorization to Disclose Protected Health Information: I authorize UCSD EH&S to disclose to UCSD Center for Occupational & Environmental Medicine the specific information described above including my Hepatitis B vaccination declination.

_____ _____ AM/PM
SIGNATURE DATE TIME

_____ _____ _____ AM/PM
REVIEWING CLINICIAN SIGNATURE PID# DATE TIME

If you are a UCSD employee or affiliate with questions, contact Deborah Durand, Vivarium Safety Officer, (858) 534-6715 or (858) 245-0670, or ddurand@ucsd.edu.
Form A: Work Evaluation Questionnaire for Employees or Affiliates with Research Animal Contact
Form B: Registration & Charge Document