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| --- |
| **PRIVACY NOTICE** |
| The Animal Care and Use Occupational Health Program, in which you are enrolled, includes (but is not limited to) an initial health history evaluation, risk assessment of physical risks, processes and hazardous materials related to the work and work environment, initial clearance, interim updates, and annual updates evaluated by the Occupational Health Physician.  Upon review of this Annual Health Update Form, the Occupational Health Physician will determine whether modifications are needed for medical clearance to access areas of the University where animals/animal tissue are routinely contained and used. This determination is based on assessment of the health information reported.  This annual clearance determination will never include specific health-related information about the enrollee.  Enrollees’ protected health information will not be disclosed.  However, the clearance determination may include recommendations for immunizations, use of a respirator or other extra personal protective equipment, and the date of the most recent tetanus immunization.  The clearance determination will be routed to the Principal Investigator/faculty member conducting animal studies on campus (if applicable); the Director, Laboratory Animal Resources; the Office of Research Protections and Integrity; and the enrollee.  The Occupational Health Physician, other employees of Atrium Health, and the specific UNC Charlotte units/employees identified above are legally bound to comply with the Health Insurance Portability and Accountability Act (HIPAA) regulations. |

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| **ANNUAL HEALTH UPDATE FORM**  Occupational Health Program |

#### INSTRUCTIONS: Complete the form electronically. Print the completed form on standard 8.5” x 11” paper, then sign and date. Make a copy of the completed form for your own files.

If you have questions about this form, contact the Office of Research Protections & Integrity / IACUC Office at:

(704) 687-1872 or [uncc-iacuc@charlotte.edu](mailto:uncc-iacuc@charlotte.edu).

To discuss personal health questions with the occupational health physician, please make a note stating “**PLEASE CALL OR EMAIL**” on this form below in the Personal Information Section.

#### SUBMISSION: The form must be sent either by fax or by mail as follows:

#### FAX #: (704) 381-1042 (secure line)

#### ATTN: Dr. Hunt – Occupational Health Physician

#### MAIL: UNC Charlotte Occupational Health Program - CONFIDENTIAL

#### c/o Dr. Hunt

#### 4425 Golf Acres Drive - Bldg. O, Ste 400

#### Charlotte, NC 28208

**PERSONAL INFORMATION:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date Submitted: |  | | | | | | |
| Last Name: |  | First Name: | |  | | Middle Initial: |  |
| Department: |  | | Lab Affiliation: | |  | | |
| Phone Number: |  | | Campus  Personal | | | | |

**I AM** (check all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
| Faculty Member | | Vivarium staff | Lab/Research Technician or Lab Coordinator |
| Post-Doctoral Fellow | | Graduate Student | Undergraduate Student |
| Facilities/Housekeeping Staff | | Non-Technical Staff | Other (explain below) |
| If Other, explain: |  | | |

**MY EXPOSURE TO ANIMALS IS** (check one):

|  |  |  |  |
| --- | --- | --- | --- |
| Limited (once per month or less) | | Occasional (a few times per month) | Regular (a few times per week) |
| Frequent (daily or almost daily) | | I currently do not work with animals | Other (explain below) |
| If Other, explain: |  | | |

**INSTRUCTIONS – Health Updates**: Choose your health status. If you have new health information to report, please complete the appropriate sections below. NOTE: DO NOT forget to sign and date the form; unsigned forms will not be considered complete.

**HEALTH STATUS UPDATE:**

I have no health updates to report at this time. (*Go to signature line on next page*) **OR**

I have the following health update(s) to report: (*Complete relevant section(s) then sign and date*)

1. Diagnosis of asthma and/or allergies within the past year.

Please explain:

1. **Update in immunization/booster for tetanus:**

|  |  |
| --- | --- |
| Date: (MM/YYYY format) |  |

1. I have been told within the last year by a physician that I have an immune compromising condition, or I am taking medications which could lower my immune system’s response.

Please explain:

1. Over the past year, I have experienced one or more of the following symptoms when being exposed to or handling animals (mark all that apply):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Watery/burning/itchy eyes | | Nasal dripping | Sneezing | Rash | Hives |
| Chest tightness | | Coughing | Wheezing | Other (explain below) | |
| If Other, explain: |  | | | | |

1. I am taking medications which I began over the past year.

Please explain:

1. I have been on health-related work restriction over the past year.

Please explain:

1. I have the following health issues/concerns I’d like to discuss with the Occupational Physician.

Please explain:

1. **WOMEN ONLY**: I am pregnant or plan to become pregnant in the next year.  Yes  No

Prefer not to disclose

(**NOTE:** Some infectious diseases, such as zoonoses, affect the fetus directly. If you or someone in your household is pregnant or planning to become pregnant, please discuss your risk level with a healthcare professional prior to working with animals).

**I certify that I have completed this Interim Health Status Update**

**accurately and to the best of my ability.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | |
| Signature |  | Date |

A picture containing text, sign

Description automatically generated

**Animal Care and Use Program**

704-687-1872 **|**  http://research.charlotte.edu/

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Fax** | | | | | |  | | **Today’s Date:** | | | | | | Click or tap here to enter text. | |
|  | | | | | |  | |  | | | | | |  | |
| **To:** | **Dr. Mary Hunt** | | | | | | | **From:** | | Click or tap here to enter text. | | | | | |
| **Company/Dept:** | | | | **Atrium Health** | | | | **College/Dept:** | | | | | **UNC Charlotte** | | |
| **Fax:** | | **(704) 381-1042** | | | | | |  |  | | | | | | |
| **Re:** | **UNCC Occupational Health Form** | | | | | | | **Phone:** | | | | Click or tap here to enter text. | | | |
| **Pages:** | | | Click or tap here to enter text. | | | | | **E-mail:** | | | Click or tap here to enter text. | | | | |
|  | | | | |  | |  | | | | | | | |  |
| **☐ Urgent** | | | | | **☒ For Review** | | **☐ Please Comment** | | | | | | | | **☐ Please Reply** |
|  | | | | |  | |  | | | | | | | |  |
| **Comments: CONFIDENTIAL – Protected Health Information** | | | | | | | | | | | | | | | |
| **Dr. Hunt,** | | | | | | | | | | | | | | | |
| **Please find enclosed a completed health form submitted for your evaluation so that I may work with animals and/or animal tissues. Please contact me if you have any questions about my health history. Thank you!** | | | | | | | | | | | | | | | |