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| **PRIVACY NOTICE** |
| Enrollment in the Animal Care and Use Occupational Health Program consists of completing this initial health history form and sending it to the Occupational Health Physician to evaluate the physical risks, processes, and hazardous materials related to the work and the work environment.  Upon review of the Initial Health History Form, the Occupational Health Physician will determine whether the enrollee is medically cleared 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 interim 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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| **INITIAL HEALTH HISTORY 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 of Research Protections & Integrity / IACUC office at: (704) 687-1872 or [uncc-iacuc@charlotte.edu](mailto:uncc-iacuc@charlotte.edu). | |
| SUBMISSION: The form must be sent 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 - CONFIDENTIALc/o Dr. Hunt4425 Golf Acres Drive - Bldg. O, Ste 400Charlotte, NC 28208 |

|  |  |  |  |  |  |  |  |
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| **PERSONAL INFORMATION** | | | | | | | |
| Date Submitted: |  | | | | | | |
| Last Name: |  | First Name: | |  | | Middle Initial: |  |
| UNCC ID 800#: |  | | Job Title: | |  | | |
| E-mail: |  | | Date Hired: | |  | | |
| Lab Affiliation: |  | | Home Address: | |  | | |
| Lab Phone: |  | | Phone: | |  | | |
| Department: |  | | Date of Birth: | |  | | |
| Building/Room: |  | | Sex: | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Emergency contact: |  | | | | |
| Relationship to you: |  | | | | |
| Phone (home/work): |  | Phone (mobile): | |  | |
| Personal physician: |  | Phone: |  | | |
| May we contact your personal physician for medical information if needed? (Yes/No) | | | | |  |

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| **A. NATURE OF EXPOSURE**  (Place an **X** in the box beside all statements applicable to your work situation) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Participate in an animal study but will not handle animals or enter animal housing areas. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Work in rooms / areas where vertebrate animals are housed, but will not handle animals, their fluids, or tissues. | | | | | | | | | | | | | | | | | | | | | | | IF YES: Duration of animal exposure (hours/week): | | | | | | | | | | |  | | | | | |
|  | | Work in animal areas and handle vertebrate animals or their fluids or tissues. | | | | | | | | | | | | | | | | | | | | | | | IF YES: Duration of animal exposure (hours/week): | | | | | | | | | | |  | | | | | |
|  | | Provide routine veterinary care or husbandry to animals. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Work in the field. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **B.** **SPECIFIC RISK CATEGORIES**  (Place an **X** beside all statements applicable to your work situation) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Animal Hazard Exposure** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Bite tendency moderate to high (e.g. rodents, wild mammals) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Scratch tendency moderate to high (e.g., rabbits, wild mammals, raptors) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Allergy potential moderate to high (e.g., rats, mice, birds) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Zoonotic disease potential moderate to high | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Not applicable [if you check this box, do not check any others on this question] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Animal Product Hazard Exposure** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Feces | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Urine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Blood | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Fresh carcass or tissue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Not applicable [if you check this box, do not check any others on this question] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. Radiation Exposure**  (when working with animals or in the animal housing areas) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Research Nuclides--radioactive materials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 99mTc only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | X-ray only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Lasers. List Class: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Not applicable [if you check this box, do not check any others on this question] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4. Biological Hazard Exposure**  (hazard to humans when working with animals or in the animal housing areas and/or to other animals in the animal housing areas) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Categories: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Recombinant DNA (rDNA) work. Under NIH Guidelines (i.e., requires approval minimally at the IBC level) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Risk Group 1 (RG1) organism | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Risk Group 2 (RG2) organism | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agents (list specifics at right): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Viruses: | | | |  | Please list: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Bacteria: | | | |  | Please list: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Yeasts: | | | |  | Please list: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Molds: | | | |  | Please list: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Protozoa: | | | |  | Please list: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Other: | | | |  | Please list: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Not applicable [if you check this box, do not check any others on this question] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. Chemical/Laboratory Exposure**  (When working with animals or in animal housing areas) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Anesthetic gases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Compressed gases in tanks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Controlled drugs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Adjuvants | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Toxins | | | | | | | | | | | | | | | Please list: | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | Carcinogens (e.g. aflatoxin, benzene, ethyl oxide) | | | | | | | | | | | | | | | Please list: | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | Mutagens/Teratogens (e.g. mercury, cyclophosphamide, thalidomide, lead) | | | | | | | | | | | | | | | Please list: | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | Solvents (e.g. acetone, diethyl ether, methyl alcohol) | | | | | | | | | | | | | | | Please list: | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | Flammables | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C. ALLERGIES:**  (Place an **X** in all appropriate boxes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Animal | | | | | | | |  | | | Foods | | | | | | | | | | |  | | Pollen | | | | | | | | | | | | | | | |
|  | | Chemical | | | | | | | |  | | | Medication | | | | | | | | | | |  | | Venom | | | | | | | | | | | | | | | |
|  | | Dust | | | | | | | |  | | | Plant | | | | | | | | | | |  | | Other (list): | | | |  | | | | | | | | | | | |
| **D. IMMUNIZATIONS:**  (Place an **X** beside immunizations you have received, and indicate most recent **year** of that immunization)  Note: Only the tetanus immunization date is required. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check | | |  | | | | | Date | | | | | | | Check | |  | | Date | | | | | | | | | Check | |  | | | | | | Date | | | | | |
|  | | | Diphtheria | | | | |  | | | | | | |  | | Mumps | |  | | | | | | | | |  | | Rubella | | | | |  | | | | | | |
|  | | | Hepatitis B | | | | |  | | | | | | |  | | Pertussis | |  | | | | | | | | |  | | **Tetanus** | | | | |  | | | | | | |
|  | | | Influenza | | | | |  | | | | | | |  | | Polio | |  | | | | | | | | |  | | Typhoid | | | | |  | | | | | | |
|  | | | Measles | | | | |  | | | | | | |  | | Rabies | |  | | | | | | | | |  | | Smallpox | | | | |  | | | | | | |
| **E. HEALTH HISTORY:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State your main health concern(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Past hospitalizations (date, reason): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cause/duration of sick leave (past 5 years): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Past/present work restrictions: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other diagnoses: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **F. CURRENT HEALTH STATUS**  (Place an **X** beside all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Allergy injection therapy | | | | | | | | |  | | Anemia | | | | | | | |  | | | Appetite loss | | | | | | | | |  | | Arthritis | | | | | | | | |
|  | Asthma | | | | | | | | |  | | Back injury | | | | | | | |  | | | Bloating/gas | | | | | | | | |  | | Blood in stool | | | | | | | | |
|  | Blood in urine | | | | | | | | |  | | Bruising | | | | | | | |  | | | Cough | | | | | | | | |  | | Diabetes | | | | | | | | |
|  | Dizziness | | | | | | | | |  | | Drainage | | | | | | | |  | | | Dribbling/hesitancy | | | | | | | | |  | | Earache | | | | | | | | |
|  | Eye pain, blurry vision | | | | | | | | |  | | Fainting | | | | | | | |  | | | Fatigue/weakness | | | | | | | | |  | | Fever | | | | | | | | |
|  | Focal numbness/weakness | | | | | | | | |  | | Frequent urination | | | | | | | |  | | | Tumor | | | | | | | | |  | | Hay fever | | | | | | | | |
|  | Headache | | | | | | | | |  | | Hearing loss | | | | | | | |  | | | Heart trouble | | | | | | | | |  | | Heartburn | | | | | | | | |
|  | Hernia | | | | | | | | |  | | High blood pressure | | | | | | | |  | | | Voice hoarseness | | | | | | | | |  | | Immune deficiency | | | | | | | | |
|  | Joint swelling | | | | | | | | |  | | Loose stools | | | | | | | |  | | | Loss of balance | | | | | | | | |  | | Nausea/pain | | | | | | | | |
|  | New/changing moles | | | | | | | | |  | | Nosebleeds | | | | | | | |  | | | Rash | | | | | | | | |  | | Ringing ears | | | | | | | | |
|  | Sickle cell anemia | | | | | | | | |  | | Sinus congestion | | | | | | | |  | | | Sinusitis | | | | | | | | |  | | Sore throat | | | | | | | | |
|  | Speech change | | | | | | | | |  | | Problem swallowing | | | | | | | |  | | | Swollen glands | | | | | | | | |  | | Upset stomach | | | | | | | | |
|  | Weight loss | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **G. OCCUPATIONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List titles of jobs held for more than 6 months: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Chemical/physical agents used/exposures (Place an **X** beside all that apply): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Animal dander | | | | | | | | |  | | Commercial driving | | | | | |  | | | | Mercury | | | | | | | | |  | | Sun (>2 hrs./day) | | | | | | | |
|  | Arsenic | | | | | | | | |  | | Cotton dust | | | | | |  | | | | Methanol | | | | | | | | |  | | Welding fumes | | | | | | | |
|  | Asbestos | | | | | | | | |  | | Formaldehyde | | | | | |  | | | | Noise | | | | | | | | |  | | Wood dust | | | | | | | |
|  | Benzene | | | | | | | | |  | | Lasers | | | | | |  | | | | Pesticides | | | | | | | | |  | | X-rays | | | | | | | |
|  | Chlorinated hydrocarbons | | | | | | | | |  | | Lead | | | | | |  | | | | Radioisotopes | | | | | | | | | | | | | | | | |
|  | Solvents (name if known): | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Other chemical exposures: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Protective equipment used (Place an **X** beside all that apply): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Hearing protection | | | | | | | | |  | | Safety shoes | | | | | |  | | | | Eyewear | | | | | | | | |  | | Respirator | | | | | | | |
| Brand/type of respirator (if applicable): | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other protective equipment: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- |
| **CAUTION:** | Some infectious diseases, including certain zoonoses, are known to affect the fetus adversely. 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. |

|  |  |
| --- | --- |
| **WOMEN ONLY:**  Are you pregnant, or do you plan to become pregnant in the  next year? | Yes  No  Prefer not to disclose |

**I hereby agree to immediately inform the Occupational Health Physician**

**of any changes in the above history.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 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!** | | | | | | | | | | | | | | | |