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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 Interim Health History Update Form by the Occupational Health Physician, a determination will be made as to whether modifications are needed for medical clearance to access areas of the University where animals/animal tissue are routinely contained and used. This is based on assessment of 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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| **INTERIM HEALTH STATUS 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. To discuss personal health questions with the occupational health physician, please make a note stating “**PLEASE CALL OR EMAIL**” in the Personal Information section below. |
| 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:** |  |
| **Name:** |  |  |  |
|  | *First* | *Middle initial* | *Last* |
| **Department:** |  | **Lab affiliation:** |  |
| **E-mail:** |  |
| **Phone #** (with area code): |  |
| **Date of birth** (MM/DD/YYYY): |  |

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| **Read each item and check the appropriate box to the left of the question/statement. Complete the follow-up question if answering “yes” to any question/statement.** |
| 1. [ ]  YES [ ]  NO
 | Has there been a change in your academic/professional position in the lab? |
| IF YES, describe (e.g. grad student to postdoc): |  |
| 1. [ ]  YES [ ]  NO
 | Has there been a change in or addition to the species you are working with? |
| IF YES, list the species you currently work with (e.g. frog, mouse, rat): |  |
| 1. [ ]  YES [ ]  NO
 | Has there been a change in your level of exposure to animals? |
| IF YES, specify the previous animal handling frequency (daily, weekly, once a month, twice per year etc.), whether the frequency has increased or decreased, and the new level of animal handling (e.g., weekly handling has increased to daily handling. |
|  |
| 1. [ ]  YES [ ]  NO
 | Has there been a change in your immunization status for **tetanus** or rabies? |
| IF YES, please provide the new immunization dates: | **Tetanus** (MM/DD/YYYY): |  |
| Rabies (MM/DD/YYYY): |  |
| 1. [ ]  YES [ ]  NO
 | Has there been a change in your immunity status (e.g., I have been diagnosed with an immune-compromising condition)? |
| IF YES, please explain: |  |
| 1. [ ]  YES [ ]  NO
 | There has been a change in my allergy status to environmental triggers and/or animals which may affect my ability to work in a lab setting or with animals. |
| IF YES, please explain: |  |
| 1. [ ]  YES [ ]  NO
 | There has been an overall change in my health status which may affect my ability to work in a lab setting or with animals **(including pregnancy).** |
| IF YES, please explain: |  |
|  |  |  |

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

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

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| Signature |  | Date |



**Animal Care and Use Program**

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

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| **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. |
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| **☐ 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!** |