OFFICE OF PROSPECTIVE HEALTH
EAST CAROLINA UNIVERSITY BRODY SCHOOL OF MEDICINE
BASIC HEALTH HISTORY FORM – ANIMAL USERS

PERSONAL

Name: ____________________________ Date of Birth: __________
Home Address: ______________________ City: __________ Zip: ______
Home Phone: __________ Work Phone: __________ Sex: M F
Previous ECU hire? yes no Have you had a name change? yes no

***IN ORDER TO RECEIVE MEDICAL CLEARANCE ALL QUESTIONS NEED TO BE ANSWERED***

STATUS

☐ ECU Employee ☐ Self Help Student Worker ☐ ECU Student

☐ Member of ECU Animal Care and Use Committee ☐ Other (specify) ________________

Date hired: __________ Job title: ______________ Dept: ______________ Bldg./Room: __________
Supervisor: ____________________________

Do you work directly with laboratory animals? yes no
Do you work around animals or their tissues? yes no
Do you enter a laboratory where animals are used or housed? yes no
If no, will you in the future? yes no
Do you work with or have contact with animals in the field? yes no
What type/species of animals are/will you be using? rodents dogs pigs cattle
birds fish rabbits wildlife sheep/goats primates reptiles amphibians other

Do you work with any tissues obtained from an abattoir/slaughterhouse? yes no
If yes, what species? ____________________________

HEALTH HISTORY

Do you have any current or chronic health problems? yes no (specify) ________________

Do you take any medications? Please list ____________________________

Have you missed work due to being in the hospital in the past 2 years? yes no
Do you have any limitations or disabilities related to your current health problems that would affect your job? yes no (specify) ____________________________

Do you require any particular accommodations or restrictions for any current health problem? yes no

Do you have a history of asthma or wheezing? yes no
Do you have any problems breathing or shortness of breath? yes no
Are there any activities which cause you problems? yes no

Do you have a history of color blindness or problems distinguishing colors? yes no

ALLERGIES (list cause and type of reaction)

Environmental (dust, pollen, mold, etc.) ____________________________
Animals ____________________________
Latex/rubber ____________________________
Medications ____________________________

Have you ever experienced: wheezing, difficulty breathing, coughing, skin rashes, swelling, hives, itching, watery eyes or runny nose or sneezing when in contact with such items as balloons, rubber balls or toys, gloves, condoms, dental dams, or other rubber products? yes no

April 2014
Have you ever experienced any reactions when exposed to latex gloves, directly or indirectly, or any other natural rubber latex products or the powder from these natural rubber latex products?

   yes  no

Nature of reaction? ________________________________

Have you ever experienced: wheezing, difficulty breathing, coughing, skin rashes, swelling, hives, itching, watery eyes or runny nose or sneezing when in contact with animals?

   yes  no

What animals? ________________________________

PAST IMMUNIZATIONS

Have you had the disease:

- Measles [ ] Yes [ ] No [ ] Date
- Chicken Pox [ ] Yes [ ] No [ ]

Have you been immunized for:

- Measles [ ] Yes [ ] No [ ] Date: [ ] Date: [ ]
- Chicken Pox [ ] Yes [ ] No [ ]

When was your last tuberculosis (TB) skin test? Date _________

Have you received BCG immunization for tuberculosis? [ ] yes [ ] no

Have you ever had a positive TB skin test in the past? [ ] yes [ ] no

If so, did you have a chest x-ray? [ ] yes [ ] no

If positive, did you receive treatment for 6 or 9 months? [ ] yes [ ] no

Are you potentially exposed to human blood/or other body fluids or human tissue or cell culture in the course of your work? [ ] yes [ ] no

Have you received Hepatitis B vaccinations - 3 doses? [ ] yes [ ] no (year ______)

Are you immune to Hepatitis B based on prior infection or blood test? [ ] yes [ ] no

When was your last Tetanus Diphtheria shot? _________

Have you been immunized for rabies? [ ] yes [ ] no When? ________________

Are you on any work restrictions due to limitations under NC Administrative Code for HIV or Hepatitis B? [ ] yes [ ] no

Employee Signature ____________________________ Date ________________

Please return to: Prospective/Employee Health 744-2070/744-2417 Fax 188 Life Sciences Building