

**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(specify) _____

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

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: | Yes/No | Date |
|---------------------------|--------|-------|
| Measles | _____ | _____ |
| Chicken Pox | _____ | _____ |

| Have you been immunized for: | Yes/No | Date: | Date: |
|------------------------------|--------|-------|-------|
| Measles | _____ | _____ | _____ |
| Chicken Pox | _____ | _____ | _____ |

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