

**OFFICE OF PROSPECTIVE HEALTH
EAST CAROLINA UNIVERSITY BRODY SCHOOL OF MEDICINE
BASIC HEALTH HISTORY**

PERSONAL

Name _____ B#: _____ Date of Birth _____

Home Address: _____ City _____ Zip _____

Home Phone _____ Sex: M F

Emergency Contact _____

Relationship to You _____ Phone (H) _____ (W) _____

EMPLOYMENT Date hired _____ Job title _____ Dept. _____

Bldg./Room _____ Supervisor _____ Work phone _____

Previous *ECU* hire? yes no Have you had a name change? yes no _____

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? _____

Do you have a history of color blindness or problems distinguishing colors? yes no; Does your job require distinguishing colors such as a laboratory or in technical work? yes no

Do you use laser instrumentation in your work (not lasers printers or pointers)? yes no

ALLERGIES (list cause and type of reaction)

Environmental _____ Animals _____

Latex/rubber _____ Medications _____

Have you ever experienced: wheezing, difficulty breathing, coughing, rashes, swelling, hives, itching, or watery eyes 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 of the following 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?

SKIN:

- Itching
- Swelling
- Redness
- Burning
- Cracking
- Papules or bumps
- Urticaria or Hives

RESPIRATORY TRACT:

- Rhinitis
- Sneezing
- Coughing
- Asthma
- Angioedema
- Throat Tightness
- Dyspnea

SYSTEMIC:

- Nausea
- Tachycardia
- Dizziness
- Anaphylaxis

(Over)

PAST IMMUNIZATIONS

In your position, will you have "face to face" contact with hospital or clinic patients? ____yes____no

Have you had?	Yes/No	Have you been immunized?	Yes/No	Date(s)	Date(s)
Measles		Measles			
Mumps		Mumps			
German Measles (Rubella)		German Measles (Rubella)			
Chicken Pox		Chicken Pox			

When was your last TB skin test? Date _____ Results _____

Have you had a past positive TB skin test? ____yes____no;

if yes:

Did you have a chest x-ray? ____yes____no Results _____

If positive, did you receive INH Treatment? ____yes____no

Have you received BCG immunization? ____yes____no When was last BCG? _____

Are you potentially exposed to human blood/or other body fluids or human tissue 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? _____

Do you work with laboratory animals? ____yes____no

Please specify type/species now used: _____

Have you been immunized for rabies? ____yes____no

Are you on any work restrictions due to limitations under NC Administrative Code for HIV or Hepatitis B?

_____ yes _____ no

Employee Signature _____ Date _____

Return to
 Lori Willford, RN
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 Prospective/Employee Health
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