

**University of Texas Employee Health Clinical Services**  
**Occupational Health Program Enrollment Form**

**Confidential Medical Information**

**TYPE OR PRINT CLEARLY**

Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:	City/State/ZIP/Country:	
Your Contact Number(s):	Your email:	
Your Supervisor or Sponsoring Agency:	For visitors, what is the estimated duration of your stay at UTH? Visiting Student Trainee <input type="checkbox"/> ___ Months ___ Days Visiting Scientist <input type="checkbox"/> ___ Months ___ Days	
Job Title:	UTH Department/School:	

**CONFIDENTIALITY STATEMENT:** This form requests that you provide personal health information that is protected by University policy and State and Federal law. Your rights to the confidentiality of your personal health information will be strictly maintained by Employee Health Services. Your information will be used or disclosed in accordance with those policies and laws only to the minimal extent necessary for your treatment or business operations. You are not required to disclose this information and may decline enrollment at the end of this form.

**Animal / Biological Agent Contact**

**Please indicate the animals you work or will be working with (check the box if you work with the specified animal).**

Amphibians	<input type="checkbox"/>	Gerbils	<input type="checkbox"/>	Rats	<input type="checkbox"/>	Other list:
Birds	<input type="checkbox"/>	Goats	<input type="checkbox"/>	Rabbits	<input type="checkbox"/>	
Cats	<input type="checkbox"/>	Guinea Pigs	<input type="checkbox"/>	Reptiles	<input type="checkbox"/>	
Cattle	<input type="checkbox"/>	Hamsters	<input type="checkbox"/>	Sheep	<input type="checkbox"/>	
Dogs	<input type="checkbox"/>	Mice	<input type="checkbox"/>	Swine	<input type="checkbox"/>	
Ferrets	<input type="checkbox"/>	Non-Human Primate	<input type="checkbox"/>	Wild Rodents	<input type="checkbox"/>	
Fish	<input type="checkbox"/>	Poultry	<input type="checkbox"/>		<input type="checkbox"/>	

**Please indicate tissue, blood, or biological agents that you work or will be working with (check the appropriate box):**

Do you work with primate tissues? Yes  No

Do you work in an area where primates or primate tissues are housed or handled? Yes  No

Do you work with human blood products? Yes  No

Do you work with animal blood products? Yes  No

Do you work with human tissue? Yes  No

Do you work with animal tissue? Yes  No

Do you work with recombinant DNA technology? Yes  No

If yes, does the research involve techniques in which viable, recombinant DNA-containing micro-organisms are used to infect animals that require Bio-safety level 3 containment? Yes  No

**Medical History**

Have you had any changes in your health condition in the past year? Yes  No

Do you have any breathing problems? Yes  No

Do you have any heart problems? Yes  No

Have you gained or lost 20 or more pounds in the past year? Yes  No

Have you been told by a physician that you have an immune compromising medical condition or are you taking medications that impair your immune system (steroids, immunosuppressive drugs, or chemotherapy)? Yes  No

For Women: Are you pregnant, or planning to be pregnant in the next year? Yes  No

**Animal Allergies**

Have you had any recent problems with the following symptoms? Yes  No

Please indicate which symptoms you have experienced:

Condition	Yes	No	Condition	Yes	No
Watery or itching eyes			Shortness of breath		
Runny nose			Chest tightness		
Sneezing			Rash or hives		
Wheezing			Chronic allergies (dust, pollen, food, mold)		
Chronic cough			Asthma		

Are these more frequent while at work? Yes  No

Are these symptoms associated with:

Dogs	<input type="checkbox"/>	Cats	<input type="checkbox"/>	Cattle	<input type="checkbox"/>	Horses	<input type="checkbox"/>	Bird (Feathers)	<input type="checkbox"/>
Pigs	<input type="checkbox"/>	Primates	<input type="checkbox"/>	Rabbits	<input type="checkbox"/>	Goats	<input type="checkbox"/>	Sheep (Wool)	<input type="checkbox"/>
Rats or Mice	<input type="checkbox"/>	Guinea Pigs	<input type="checkbox"/>	Alfalfa	<input type="checkbox"/>	Weeds	<input type="checkbox"/>	Trees	<input type="checkbox"/>
Chemicals	<input type="checkbox"/>	Latex	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Grasses	<input type="checkbox"/>	Mold	<input type="checkbox"/>
Other	<input type="checkbox"/>	List:	_____						

Have these symptoms required any treatment with over-the-counter medications (Claritin, Benadryl, decongestants, eye drops, etc.)? Yes  No

Have you had to wear a respirator, goggles or protective clothing to protect yourself from allergies (e.g., hay fever [rhinitis], eye symptoms, hives or asthma) at work? Yes  No

Have you been treated by your own physician for allergies that began at work? Yes  No

**If you suspect you may have work related allergies or have any other questions about your health status or this form, please contact UT Employee Health at 713-500-3254.**

**ACCEPTANCE: I agree to be enrolled in the Occupational Health Program at this time. I understand that I may change my status at any time in the future by calling Employee Health at 713-500-3254.**

**Signature for enrollment:** \_\_\_\_\_ **Date** \_\_\_\_\_

**DECLINATION: I decline to be enrolled in the Occupational Health Program at this time. I understand that I may enroll at any time in the future by calling Employee Health at 713-500-3254.**

**Signature for declination:** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*Please submit this completed form via regular mail or via interoffice mail to 7000 Fannin, UCT Suite 1620, Houston, TX 77030**