UTHealth
The University of Texas
Health Science Center at Houston

University of Texas Employee Health Clinical Services

Occupational Health Program Enrollment Form

Confidential Medical Information

TYPE OR PRINT CLEARLY

Name:	Date of Birth: Gender: ☐ Male ☐ 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 ☐ _____Months _____ Days Visiting Scientist ☐ _____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.	

Hepatitis B Vaccination or Declination

Have you completed the three-shot series of Hepatitis B vaccine in the past? ☐ Yes ☐No ☐ I do not remember

If you responded yes or if you do not remember, would you like to complete a titer test with Occupational Health to confirm your immunity? ☐ Yes ☐No

Please select one of the following two options:

Option 1: I consent to receive the Hepatitis B Vaccination.

I understand that I must have three doses of vaccine to confer immunity.

Signature: _____ Date: _____

Option 2: I decline to receive the Hepatitis B Vaccination.

"I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring Hepatitis B (HBV) infection. Although I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine or to confirm my immunity, I can receive the vaccination series or titer test at no charge to me."

Please check one of the following:

- O I am declining the vaccination because I have received the vaccination in the past.
- O I am declining the vaccination due to a medical contradiction.
- O I am declining the vaccination for personal reasons.

Signature: _____ Date: _____

Animal / Biological Agent Contact

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 ☐

If you are not working with animals, you do not need to complete the rest of the form.

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

Amphibians		Gerbils		Rats		Other list:
Birds		Goats		Rabbits		
Cats		Guinea Pigs		Reptiles		
Cattle		Hamsters		Sheep		
Dogs		Mice		Swine		
Ferrets		Non-Human Primate		Wild Rodents		
Fish		Poultry				

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	☐	Cats	☐	Cattle	☐	Horses	☐	Bird (Feathers)	☐
Pigs	☐	Primates	☐	Rabbits	☐	Goats	☐	Sheep (Wool)	☐
Rats or Mice	☐	Guinea Pigs	☐	Alfalfa	☐	Weeds	☐	Trees	☐
Chemicals	☐	Latex	☐	Wood	☐	Grasses	☐	Mold	☐
Other	☐	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 **6410 Fannin Suite 100, Houston, TX 77030