

	Prairie View A&M University		
	Enrollment Form	Program:	Occupational Health Program
		Doc. No.:	RMS-OHP-F001
		Rev No:	1
		Date:	10/28/2016
	Office:	Risk Management & Safety	

Last Name: _____ First Name: _____

UIN: _____ Date of Birth (mm/dd/yyyy): _____

PVAMU Email: _____ Personal Phone: _____

Position Title: _____ Dept. (ABBR): _____

I am PAID for my work in this position: Yes ☐ No ☐ Work Location: _____

Principal Investigator/Operations Supervisor: _____

As Prairie View A&M University strives for world class research and education, the Occupational Health Program strives for the highest level of health and well-being in the work place by assessing exposure to biological hazards and animals and risk mitigation through education and services.

Your input is crucial to develop solutions specific for your unique combination of personal health issues, duties, and potential exposures.

Please provide the following information to the best of your knowledge.

If you choose NOT TO PROVIDE medical history information, please initial HERE: _____

I. IMMUNIZATIONS

Have you received the following:	Received (Yes/No/Unknown)	Year Received	Records of Vaccination? (Yes/No)
Tetanus Vaccination			
Rabies Vaccinations (series of 3)			
If yes, latest Rabies Titer			
Hepatitis B Vaccinations (series of 3)			

II. IMMUNE STATUS

	Yes	No
1. Have you been diagnosed with a condition that weakens your immune system?		
2. Do you currently take any medication that weakens your immune system?		
3. Have you been diagnosed with a valvular or congenital heart condition?		
4. Have you ever changed jobs/work habits due to health issues from animal exposure?		

III. ASTHMA/ALLERGIES

	Yes	No
1. Do you have asthma?		
I consider my Asthma to be: Mild Moderate Severe		
2. Is your asthma specifically related to animals?		
3. Do you have animal allergies (i.e., sneezing, wheezing, itchy eyes, hives)?		
I consider my animal allergies to be: Mild Moderate Severe		
4. Do you have other allergies (i.e., latex or chemical allergies)?		
I consider my other allergies to be: Mild Moderate Severe		
5. Do you currently take medication for asthma or allergies?		
6. Do you have contact with pets, livestock, or wildlife outside of work hours?		
7. Did you work with animals before your employment with this facility?		
8. Do you work with animals at the university (research, farm, ranch, veterinary)?		
9. Do you have moderate or severe environmental allergies (grass, trees, pollen)?		

IV. OTHER

1. Do you work with human blood, tissue or cells?		
2. Does your work require the use of a respirator?		
3. Do you work in a BSL-2 laboratory?		

V. ADDITIONAL HEALTH CONCERNS

1. Do you have any workplace health concerns you want to discuss with an Occupational Medicine provider?		
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NOTICE:

If your health status changes, or your job duties or work environment are modified, there may be an increased occupational health risk associated with your job.

Therefore, if at any time after completing this questionnaire:

- you become pregnant, or are planning to become pregnant; or
- you become aware of a change in your health status (e.g., onset of immune compromising illness, wheezing, persistent fever, night sweats, persistent cough, fatigue, malaise, unintentional weight loss)

you are strongly encouraged to contact the Occupational Health Program and request a consult with an Occupational Medicine Provider.

I have answered the above questions honestly and to the best of my knowledge.

Printed Name: _____ UIN: _____

Signature: _____ Date: _____

Mail completed form to MS 1310 or E-MAIL to RMS@pvamu.edu or hand deliver to Harrington Science, room 104.

For questions regarding the OHP or this form, call the Risk Management & Safety Department at 936-261-1743.