



**Health Service Occupational Health Medical History**

**Demographic Information**

Name \_\_\_\_\_  
Last First Middle

Has your name changed?    No    Yes    Previous Name \_\_\_\_\_

Employee ID \_\_\_\_\_    CWRU Network ID (i.e. abc123) \_\_\_\_\_

Date of Birth \_\_\_\_\_    Gender    Male    Female    Other  
MM/DD/YYYY

Position \_\_\_\_\_

Department \_\_\_\_\_    Supervisor \_\_\_\_\_

Status    Faculty    Staff    Graduate Student  
             Undergraduate Student    Outside Contractor    Volunteer

**Medical History**

Past medical history (chronic conditions, significant illnesses, etc.)

Past surgical history (procedures and approximate dates)

Medications taken regularly \_\_\_\_\_

Do you have an immune-compromising medical condition or are you taking medication that may impair your immune system?    No    Yes

**Certain pre-existing medical conditions can place an individual at greater risk of illness or injury in the animal care setting.** Disclosure is not required, however you may want to exclude yourself from working in the animal environment if you believe you may be at risk. Consult with your physician if you have concerns regarding the following conditions: **cancer, pregnancy, allergic condition, immunosuppressive drug therapy, organ or tissue transplant recipient, congenital immunodeficiency, acquired immunodeficiency.**



**Allergies** (specify allergen and describe type of reaction below)

Medications \_\_\_\_\_ Reaction \_\_\_\_\_

Animals \_\_\_\_\_ Reaction \_\_\_\_\_

Food/Insects/Environmental \_\_\_\_\_

**Have you had or do you now have...** (check all that apply)

- |                     |                    |                       |                      |
|---------------------|--------------------|-----------------------|----------------------|
| Asthma              | Eczema/dermatitis  | Breathing problems    | Diabetes             |
| Seizures            | Heart disease      | Muscular dystrophies  | Varicose veins       |
| Bone/joint pain     | Arthritis          | Chronic back pain     | Stroke               |
| High blood pressure | Cancer             | Blackout spells       | Circulation problems |
| Loss of vision      | Amputation         | Blood clots           | Immune disease       |
| Bleeding problems   | Tuberculosis       | Neurological problems | Hepatitis/jaundice   |
| Parkinson's disease | Multiple sclerosis | Disability/rehab      |                      |

**Immunizations** (check each immunization you have received)

- |                               |                       |
|-------------------------------|-----------------------|
| Tetanus booster               | Date _____            |
| MMR (measles, mumps, rubella) | Date _____            |
| Rabies (series of 3)          | Date _____            |
| Rabies titer                  | Date and result _____ |
| Hepatitis B (series of 3)     | Date _____            |

**Do you use tobacco?**    No    Yes    If yes, what type/how often? \_\_\_\_\_

**Prior Work Environment**

**Have you ever had an on-the-job injury?**

No    Yes    If yes, specify date \_\_\_\_\_ Place \_\_\_\_\_

Explanation \_\_\_\_\_

**Have you ever worked with...** (check all that apply)

- |             |          |                      |                               |
|-------------|----------|----------------------|-------------------------------|
| Carcinogens | Asbestos | Radioactive material | Radiation-producing equipment |
|-------------|----------|----------------------|-------------------------------|

Specify dates \_\_\_\_\_ Place \_\_\_\_\_

Explanation \_\_\_\_\_



**CWRU Work Environment**

**What are your duties?**

**Will you be...**

Lifting more than 50 lbs?                      No      Yes

Working with chemicals?                      No      Yes      Types of chemicals \_\_\_\_\_

Working with patients?                      No      Yes      Hours per week \_\_\_\_\_      Location \_\_\_\_\_

Handling research animals?                      No      Yes      Hours per week \_\_\_\_\_      Species (specify below)

Mouse	Toad	Goat	Frog	Fish (other)
Sheep	Ferret	Cat	Chicken	Shrew (musk)
Woodchuck	Pig	Hamster	Salamander	Guinea pig
Rat	Zebrafish	Rabbit	Dog	

Working with human cells/tissue?                      No      Yes

Working with radiation?                      No      Yes

Picking up biohazardous waste?                      No      Yes

Working with infectious agents?                      No      Yes      Type of infectious agent \_\_\_\_\_

**Do you understand all of the above questions?**      Yes      No

*University Health and Counseling clinicians are available to discuss workplace health concerns not covered by this questionnaire.*

**I have completed this form and I certify that the information given is true.**

\_\_\_\_\_

Signature
Date

**FOR UNIVERSITY HEALTH AND COUNSELING USE ONLY**

Form reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Actions taken \_\_\_\_\_