CLEMSON UNIVERSITY, MEDICAL SURVEILLANCE PROGRAM
Occupational Health History

The information provided will be utilized to assess your health risks related to work/research at Clemson University. You will be contacted if additional information is needed. Please complete all sections.

List all possibly hazardous exposures in your job/ research:

☐ Animal Bedding	☐ Blood/products human/primate	☐ Chemicals	☐ Guinea Pigs	☐ Rabbits
☐ Animal Feed		☐ Deer	☐ Horses	☐ Rats/Mice
☐ Aquatic Animals	☐ Cats/Dogs	☐ Dust	☐ Insects, Spiders	☐ Sheep/Wool
☐ Birds/Poultry	☐ Cattle	☐ Goats	☐ Noise (loud)	☐ Swine

☐ Other ____

☐ Yes ☐ No I will be involved in **recombinant DNA technology, Human Gene Transfer,** or **Xenotransplantation**?
☐ Yes ☐ No (**For women only**): Are you pregnant, or planning to be pregnant in the next year?

Medical History ☐ I have no significant health issues/medical history

☐ Anemia	☐ Hearing Problems	☐ Rheumatic or Scarlet Fever
☐ Arthritis	☐ Heart Problems	☐ Seizures or Epilepsy
☐ Cancer	☐ Heat Stroke	☐ Stomach or Bowel Problems
☐ Diabetes	☐ High Blood Pressure	☐ Tuberculosis
☐ Difficulty Smelling	☐ Joint or Muscle Problems	☐ Vision Problems
☐ Dizziness or Fainting	☐ Kidney or Liver Disease	☐ Other: ______________

Current Medications (if any): ____ ☐ None

☐ Yes ☐ No Do you have a medical condition or take medications/treatments that impair your immune system (such as HIV, cortisone, chemotherapy, radiation, etc.)?
☐ Yes ☐ No Do you have a pre-existing cardiac valvular disease or have a vascular graft?

Allergy / Respiratory History:

	Do you have or have you had any of the following diseases or conditions?	When?	Explanation
☐ Yes ☐ No	Asthma/Wheezing	_____	______________________
☐ Yes ☐ No	Chronic Cough/ Bronchitis	_____	______________________
☐ Yes ☐ No	Shortness of breath	_____	______________________
☐ Yes ☐ No	Lung/breathing problems, other	_____	______________________
☐ Yes ☐ No	Hay Fever/Seasonal allergies	_____	______________________
☐ Yes ☐ No	Itchy, irritated eyes	_____	______________________
☐ Yes ☐ No	Eczema/Skin rash	_____	______________________

☐ Yes ☐ No Allergies to foods or medicines: (list) ______________________________
☐ Yes ☐ No Allergies to pollen, grass, weeds, trees, yeast or molds: (list) ______________________
☐ Yes ☐ No Allergies to latex, chemicals, or other substances: (list) ______________________
☐ Yes ☐ No Allergies to animals: (list) ______________________________

Immunization/ TB test history (please list dates):

Tetanus (Td) ________ / Tdap ________; Hepatitis B ________ (date of series completion); Rabies: ________ (if applicable)

Previous work/exposure with animals (complete only if work/research involves animals):

☐ Yes ☐ No Have you had prior animal exposure (including pets)? What types of animals? ______________
☐ Yes ☐ No Have you ever contracted a disease from animals or had an injury related to working with animals? (Including bites, scratches, needlesticks, etc)? If "yes", please explain: ______________________

I certify that the health information I have provided is complete and accurate to the best of my knowledge.

Signature ______________________________ Date ______________

Print Name: ______________________________ DOB ____ / ____ / ______

For office use:
Chart #______________

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