URSINUS COLLEGE HEALTH HISTORY/MEDICAL EVALUATION
Occupational Health and Safety/Animal Hazard Program (OHS/AHP)

An important element of the OHS/AHP is medical evaluation and preventive medicine. A component of the medical evaluation is a health history oriented toward the environment in which animals are used in research and/or teaching. Your answers will help to determine if any special training, accommodation or diagnostic testing may be necessary.

Please complete this form and return it to the Wellness Center.

Name (Last, First) Date of Birth

Department (If faculty)/Major (If student)

Current Address

Home Telephone Campus Telephone SS#

Family Physician Name Telephone

In case of an emergency contact (name, address, phone)

HEALTH HISTORY AS IT RELATES TO EXPOSURE TO RESEARCH

I. ALLERGIES

A. ARE YOU WORKING OR HAVE YOU WORKED WITH LABORATORY ANIMALS?

Animal	Yes Current	Yes Past	No	Approx. contact hrs/day
Mice				
Rats				
Fish				
Amphibians				
Birds				
Other				

B. HOME INVIRONMENT INFORMATION

Do you have any indoor pets? ____Yes____ No If yes, which animals and for how long?

Animal	1-2 years	3-4 years	> 4 years
Dogs			
Cats			
Birds			
Rodents			
Reptiles			
Others (Type)			

C. ALLERGIC SYMPTOMS

Do you believe that you are allergic to any of these animals? _____ Yes _____ No

_____ Rats	_____ Birds	_____ Dogs	_____ Other
_____ Cats	_____ Rabbits	_____ Guinea pigs	_____
_____ Mice	_____ Hamsters	_____ Reptiles	_____

Specify:

Do you regularly have any of the following symptoms? Please indicate if the symptom is present and the year of onset. Also check in what location or time "period" the symptoms is/are present.

Symptom	Yes/No Present	Year of Onset	Symptoms are Present	
			At School	At home
Cough				
Sputum Production				
Shortness of breath				
Wheezing				
Chest Tightness				
Asthma				
Nose congestion				
Runny Nose				
Sneezing				
Itchy Eyes				
Sinus Problems				
Hay fever				
Frequent colds				
Hives				
Skin Rash				
Swelling of eyes/lips				
Eczema				
Difficulty swallowing				

Were you ever told by a doctor that you had allergies? _____ Yes _____ No

If yes, which

_____

Have you ever been skin tested for allergies? _____ Yes _____ No

If yes, what substances were you found to be allergic to?

_____

Have you ever received allergy (desensitization/immunotherapy) shots? _____ Yes _____ No

Has a doctor ever said you have asthma? _____ Yes _____No

If yes, when did your asthma start? _____(year)

Are you currently taking medication (either prescription or over the counter) to control your asthma? _____ Yes _____No

D. OTHER ALLERGIES

Do you have a history of allergies to latex? _____Yes _____No _____Don't know

Do you have a history of allergies to chemicals, such as formalin?
____Yes _____No _____Don't know
If yes, specify _____

II. CHEMICAL INHALANT EXPOSURE

Will you or do you perform functions that will involve aerosolization of toxic chemicals?
_____Yes _____No _____Don't know

III. HISTORY OF ILLNESS/INJURY

A. Do you have a previous illness/injury that will require special accommodations?
_____Yes _____No _____ Don't know
If yes, specify _____

_____

_____

B. Do you have an immune compromising medical condition or are you taking medications that impair the immune system (steroids, immunosuppressive drugs, chemotherapy, etc.)?
_____ Yes _____No _____ Don't Know
If yes, specifiy _____

_____

IV. IMMUNIZATIONS

Tetanus – diptheria (dT) booster must be within the last 10 years.

Most recent booster _____.

Student/Faculty Signature _____ Date: _____

Reviewed by _____ Date _____

Recommendations or Comments: