**TAMIU MEDICAL HISTORY QUESTIONNAIRE**

**FOR INVESTIGATORS, TECHNICIANS, STUDENTS & ALL OTHERS**

# EXPOSED TO BIOHAZARDOUS OR RECOMBINANT AGENTS

Information provided in this form is confidential and must be reviewed with your healthcare professional. Returning page 2 of this form the principal investigator and page 3 of this form to the IBC to is a mandatory requirement before you may enter facilities and work with biohazardous or recombinant agents (e.g. cloning of genes in E. coli for sequencing; creation of transgenic mice by means of lentiviral vectors; isolation of bacteria from sewage – may include human pathogens).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Are you allergic to latex or substances/chemicals used for work with biohazardous or recombinant agents? | | | Yes  or  Possibly Yes | No |
| **Material/Substance/**  **Chemical** | **Reaction(s)** | **Frequency** | **Severity** | |
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|  |  |  |  | |
|  |  |  |  | |
| 2. Do you have any health conditions that are pertinent to your work with biohazardous or recombinant agents, such as immune suppression, pregnancy or attempting pregnancy, heart valve disease, splenectomy, chronic liver or kidney disease, diabetes, malignancy, chronic back pain, asthma, seizures, HIV infection? | | | Yes  or  Possibly Yes | No |
|  | | | | |
| 3. Write the date of your most recent vaccinations (Hepatitis A, B or others as applicable - check with your health care provider if you are unsure). | | | | |
| **Immunizations** | **Month/Day/Year** | **No Vaccination** | **Cannot Verify** | |
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| **Section A: Medical History** If yes or possibly yes, describe in detail under question. | | | | |
| 1. Have you ever contracted a serious illness from a biohazardous or recombinant agent related work? | | | Yes or  Possibly Yes | No |
|  | | | | |
| 2. Have you ever had any problems (such as allergy symptoms, shortness of breath, coughing, wheezing or skin problems) as a result of exposure with biohazardous or recombinant agents? | | | Yes  or  Possibly Yes | No |
| **List Agents** | **Reaction(s)** | **Frequency** | **Severity** | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |

#### Do you work with human blood, body fluid or tissue?

No  Yes  If yes, describe:

**DO NOT RETURN THIS PAGE TO ANYONE**

**Risk assessment form for**

I have reviewed page 1 of the TAMIU Medical History Questionnaire with the person listed above and they have:

1. No restrictions or limitations on their ability to work with biohazardous or recombinant agents here at TAMIU.

2. The following restrictions or limitations on their ability to work with biohazardous or recombinant agents here at TAMIU (explain). If there are any restrictions, the Principal Investigator must contact the Occupational Health Care Professional, Dr. Martha Salinas, [martha.salinas@tamiu.edu](mailto:martha.salinas@tamiu.edu), 326-2579 to discuss how to appropriately manage the restrictions.

Signature by healthcare professional Date

Printed name of healthcare professional

Telephone number

Mailing Address

Please **return ONLY this page to the principal investigator**

# IBC use only: Protocol # \_\_\_\_\_\_\_\_\_\_\_ Approval # \_\_\_\_\_\_\_\_\_\_\_ Expiration \_\_\_\_\_\_\_\_\_\_\_

## TAMIU MEDICAL HISTORY FORM

Signature by Principal Investigator/Project Director:

Printed Name:       Department:

1. Describe health risks associated with the use of all pathogens used in the laboratory and list the symptoms/disease that may occur.

|  |  |
| --- | --- |
| **Agent ID** | **Health risks/symptoms/disease/target organ(s) and vaccinations required** |
| A-1 |  |
| A-2 |  |
| A-3 |  |
| A-4 |  |

**CAUTION: Some infectious diseases, including certain zoonoses, are known to affect the fetus adversely. If you or someone in your household is pregnant or planning to become pregnant soon, please discuss your risks with a healthcare professional or your Personal Healthcare Provider prior to working with biohazardous agents or animals.**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* **PI fills out above section** \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

2. Risk assessment form for

|  |
| --- |
| **Please read the following, sign and date**  To the best of my knowledge, I have given my healthcare professional accurate and complete information on the TAMIU Medical History Questionnaire and I am aware that deliberate misrepresentation may jeopardize my health. I understand that this information is confidential and will not be released without my knowledge and written permission. I certify that I have received the appropriate information about the risks of working with biohazardous or recombinant agents.  Signature by participant Date  Printed name of participant |
|  |

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| --- |
| If you have decided not to complete this questionnaire and not to participate in this aspect of the program, please date and sign below. This will have no effect on your employment. However, it will affect your ability to access the biohazardous or recombinant agent facilities. If you decide to participate in the Occupational Health and Safety Program, you may do so at any time. |
| TAMIU Medical History Questionnaire Waiver I decline participation in the Occupational Health and Safety Program for biohazardous or recombinant agents at this time and understand that I may not enter biohazardous or recombinant agent facilities.  Signature by participant Date |

**Return ONLY THIS PAGE to: Office of Research and Sponsored Projects, KL426, 326-3028, grants@tamiu.edu**