INITIAL (BASELINE) EVALUATION

**Health History Questionnaire (HHQ) for AVS-Operated Vivaria**

To ensure a safe working environment for staff handling or being exposed to research animals or their by-products used in AVS-operated vivaria, complete an initial HHQ to enroll in the OHSP. Consult your supervisor/Principal Investigator (PI) for risk assessment for answering questions 1-3.

Email completed forms to Straub Occupational Health Services to jennifer.oldershaw@straub.net and copy dora.sakata@straub.net, or have it reviewed by an equivalent Health Professional provider licensed in the USA.

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|  | **Enrollee and PI/supervisor complete questions 1-3** |  |
| **Enrollee Name:***Type enrollee name here.* | **Enrollee Email:** *Type enrollee email here.* |
| **Date of Birth:** *mm/dd/yyyy* | **Sex:**  Select one | **Academic Unit:** *Select a unit* |
| **PI Name:***Type PI name here.* | **PI Email:** *Type PI email here.* |
|  |  |  |
| *PI Signature* |  | *Date* |
| 1. How many months/years at your present position?
 | *Type number* Years, *Type number* Months |
| 1. Do you have exposure to the following (includes live animals, fresh tissue or products derived from live animals)? Check all that apply:

[ ] Laboratory rodents (mice, rats, guinea pigs, hamsters)[ ] Laboratory rabbits[ ] Laboratory animals (other)—*Describe other animals*[ ] Human tissue/bodily fluids. List types (see question #4): *List types here*[ ] Infectious Organisms. List organisms (see question #4): *List organisms here*[ ] Chemicals in animals. List chemicals: *List chemicals here*[ ] Other—*Describe others here* |

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| 1. Protocol specific requirements that may apply
2. Hepatitis B vaccination is recommended (if exposed to human tissues/bodily fluids).
3. Provide date of last vaccination (if applicable): *Select a date*
4. Tetanus vaccination. Provide date of last vaccination: *Select a date*
5. Is a respirator required per the Institutional Biosafety Committee (IBC) protocol? *Yes or No*
6. Other, describe, provide date of last vaccination or medical test:*Describe other vaccinations and/or tests here*
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|  | **CONFIDENTIAL****Enrollee to complete questions 4-8** |  |
| 1. TB Skin Test
2. Researchers, provide date of your last test: *Select a date*Comments about your TB test results:*Type comments here*
3. Are you a student enrolled at UH Mānoa? *Yes or No*If yes, your TB clearance is reviewed by UH Health Services.
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| 1. Are you allergic to any animals or materials exposed to in the vivarium that you know of? *Yes or No*If yes, list those which you suspect or know you are allergic to: *Type allergies here*
2. If yes, are your allergic symptoms controlled by PPE and/or medications? *Yes or No*
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| 1. Are you pregnant or intending to become pregnant? *Yes or No*
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| 1. Are you under a doctor’s care for a medical condition(s) that may cause immune suppression (e.g. cancer treatment, chronic infection, etc.)? *Yes or No*If yes, describe: *Type description here*
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| 1. [ ] The information provided is true and complete to the best of my knowledge 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 or written permission. There may be follow up with the Health Professional regarding your questionnaire.
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| *Enrollee Signature* |  | *Date* |