RENEWAL 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.

Researchers, staff, employees, and individuals requesting access into AVS-operated vivaria should fax a completed **FORM A** to *Straub Occupational Health Services*, Fax (808) 529-4950, 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. | | | | |
| 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* | | | | |
| 1. Are you pregnant or intending to become pregnant? *Yes or No* | | | | |
| 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* | | | | |
| 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* | |