JOSEPH F. SULLIVAN CENTER
CLEMSON UNIVERSITY MEDICAL SURVEILLANCE PROGRAM

Occupational Health History

Please list any possibly hazardous exposures in your job/ research: (animals, noise, dust, chemicals, blood, etc.):
_____

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

1. Medical History

- Current Medications (if any): _____
- 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 (or have you ever had)?

☐ 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 _____

Ongoing medical problems, if any: _____
Comments: _____

2. Allergy History:

- Allergies to foods or medicines: _____
- Allergies to pollen, grass, weeds, trees, yeast or molds: _____
- Allergies to latex, chemicals, or other substances: _____
- *Do you have* or *have you had* any of the following diseases or conditions?

			When?	Explanation
a.	Asthma/Wheezing	( ) Yes ( ) No	_____	_____
b.	Chronic Cough/ Bronchitis	( ) Yes ( ) No	_____	_____
c.	Eczema/Skin rash	( ) Yes ( ) No	_____	_____
d.	Hay Fever/Seasonal allergies	( ) Yes ( ) No	_____	_____
e.	Itchy, irritated eyes	( ) Yes ( ) No	_____	_____
f.	Shortness of breath	( ) Yes ( ) No	_____	_____
g.	Other lung/breathing problems	( ) Yes ( ) No	_____	_____

3. *Immunization/ TB test history (please list or estimate dates if known):*

Tetanus/diphtheria (Td): _____ Hepatitis A: _____ Hepatitis B: _____ Rabies: _____
Tuberculosis (TB) skin test (PPD): _____ Results: ☐ Positive ☐ Negative

4. *Please complete if you will be working with animals:*

- Have you had prior animal exposure (including pets)? How many years? ____ What types of animals? _____
- 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: _____
- Are you allergic to any of the following?

☐Animal Bedding	☐Cats/Dogs	☐Cattle/Swine	☐Horses	☐Birds/Poultry
☐Insects, Spiders	☐Animal Feed	☐Rabbits	☐Goats	☐Sheep (wool)
☐Rats/Mice	☐Guinea Pigs	☐Aquatic Animals	☐Deer	☐Other_____

If so, please describe your allergy to the above:_____

Signature _____ Date _____

Occhlthhist 11/2000, Rev. 10/2001 Name _____

DOB _____ Chart #_____