

OHSP Form 2 – Health Risk Assessment

All employees/students engaged in animal care and use programs at K-State must enroll in the Occupational Health and Safety Program. This is the second of two forms that you must complete as part of that enrollment. This form requests personal health information. Because this information may be sensitive, send **OHSP Form 2** directly to Via Christi Occupational Health at francis.koopman@ascension.org. Do not send a copy to your supervisor or URCO since this personal health information is meant solely for the occupational health professional. Please **TYPE** in all of your answers, select File – Save As, save as a pdf file to your desktop (or appropriate folder), and then send the pdf, by email attachment, to francis.koopman@ascension.org.

Date: _____ Name: _____ DOB (dd/mm/yyyy): _____

Position/Title: _____

Work Phone: _____ Email: _____

Supervisor/ PI: _____ Supervisor Email: _____

1. List **ALL** species of animals you will work with at KSU: _____
2. Describe your work with animals (i.e. feed & water, perform surgery, clean cages, restrain animals, etc.):

3. Will you work with wild animals? ☐ NO ☐ YES If yes, what species? _____
4. Will you work with sick animals? ☐ NO ☐ YES If yes, explain: _____
5. Have you had a **tetanus vaccination** in the last 10 years? ☐ NO ☐ YES if yes, approximate date: _____
6. Have you had the 2 shot pre-exposure series or the 5 shot post-exposure rabies vaccination? ☐ NO ☐ YES
 - a. If yes, approximate date: _____
 - b. Have you had an antibody titer test? ☐ NO ☐ YES if yes, approximate date: _____ Titer: _____
7. Are you under the care of a physician for a medical condition that has lasted or will last longer than 6 weeks?
☐ NO ☐ YES
 - a. If yes, please list the condition and medications taken, if any: _____
8. Do you have any respiratory conditions (examples: asthma, emphysema, chronic bronchitis)? ☐ NO ☐ YES
 - a. If yes, please list: _____
9. Do you have any allergies (hayfever, asthma, hives, eczema, allergic skin rashes) or are you allergic to animals, plants, molds, pollens, latex, or other substances? ☐ NO ☐ YES If yes, please list: _____
10. Do you have clinical symptoms of allergies in the workplace? ☐ NO ☐ YES
 - a. If yes, would you describe your symptoms as: ☐ Mild ☐ Moderate ☐ Severe
11. Do you have any medical or physical conditions that might affect your ability to work around animals, or health concerns about working with animals? ☐ NO ☐ YES If yes, please explain: _____
12. Do you have a medical condition or take any medication that might affect your ability to resist infections associated with working with animals? ☐ NO ☐ YES If yes, please explain: _____

☐ By clicking (double click on the box and select “checked”), I agree that I have read, and understand, **ALL** of the information on this page; and that I have answered **ALL** of the questions above. Date: _____