

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 occhealthprov-mhk@ascension.org. Do not send a copy to your supervisor or ORICS 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 occhealthprov-mhk@ascension.org.

Date: _____ Name: _____ DOB (mm/dd/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 checking this box, 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: _____