

## OHSP Form 5 – Health Risk Reassessment Follow-up

Our records indicate that you noted a change in your personal health status on the OHSP Form 4 – Annual Reassessment. In order to reassess your occupational risks please complete this form and return it to Via Christi Occupational Health at [occhealthprov-mhk@ascension.org](mailto:occhealthprov-mhk@ascension.org). This information will be reviewed by an occupational health professional in order to determine if further follow-up is needed. **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](mailto: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 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. Do 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. You indicated on the annual reassessment form (OHSP Form 4 – Annual Reassessment) that you have had a change in your personal health status (i.e. pregnancy, chronic illness, allergies) that might affect your level of risk when working with animals. Please describe your change in health status: \_\_\_\_\_
8. 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: \_\_\_\_\_
9. Do you have any respiratory conditions (examples: asthma, emphysema, chronic bronchitis)?  NO  YES
  - a. If yes, please list: \_\_\_\_\_
10. 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: \_\_\_\_\_
11. Do you have clinical symptoms of allergies in the workplace?  NO  YES
  - a. If yes, would you describe your symptoms as:  Mild  Moderate  Severe
12. 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: \_\_\_\_\_
13. 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: \_\_\_\_\_