

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. 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.

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