

## 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 program.

The OHSP Form 2 asks many of the same questions as OHSP Form 1, but also 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](mailto:francis.koopman@ascension.org) or at the fax or physical address below. 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 or print CLEARLY.**

Date: \_\_\_\_\_ Protocol Number (if appropriate): \_\_\_\_\_  Faculty  Staff  Student

Name: \_\_\_\_\_ DOB (dd/mm/yyyy): \_\_\_\_\_  Male  Female

Department: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Supervisor/ PI (required): \_\_\_\_\_

1. I have previously completed this form for another protocol:  NO  YES if yes, Protocol # \_\_\_\_\_
2. List ALL species of animals you work with at KSU: \_\_\_\_\_
3. Describe your work with animals (i.e. feed & water, perform surgery, clean cages, restrain animals, etc.):  
\_\_\_\_\_
4. Do you work in a high noise area/building?  NO  YES Area or Building: \_\_\_\_\_
  - a. If yes, are you enrolled in a hearing conservation program?  NO  YES
5. Will you work with wild animals?  NO  YES If yes, what species? \_\_\_\_\_
6. Do you work with sick animals?  NO  YES If yes, explain: \_\_\_\_\_
7. Have you had a **tetanus vaccination** in the last 10 years?  NO  YES if yes, approximate date: \_\_\_\_\_
8. Have you had the 3 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: \_\_\_\_\_
9. 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: \_\_\_\_\_
10. Do you have any respiratory conditions (examples: asthma, emphysema, chronic bronchitis)?  NO  YES
  - a. If yes, please list: \_\_\_\_\_
11. 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: \_\_\_\_\_
12. Do you have clinical symptoms of allergies in the workplace?  NO  YES
  - a. If yes, would you describe your symptoms as:  Mild  Moderate  Severe
13. 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:  
\_\_\_\_\_
14. 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:  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- The URCO will require an annual update of your occupational risk/health status. Be sure to update your status annually.
- If you have any change in activities using animals that might affect your occupational risk, contact the URCO to determine the appropriate course of action at 785-532-3224 or [comply@ksu.edu](mailto:comply@ksu.edu).

- If have a change in health status that might affect your occupational risk with animals, it is your responsibility to contact the Via Christi Occupational Health Service.
- Remember that if you are injured or become ill working with animals, it is your responsibility to inform your supervisor and take appropriate action.

Please email this form to: [francis.koopman@ascension.org](mailto:francis.koopman@ascension.org) or mail or fax to: Via Christi Occupational Health Service, 315 Seth Child Rd 66502, Fax: 785-776-2851, Phone: 785-776-2813