

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 francis.koopman@via-christi.org. This information will be reviewed by an occupational health professional in order to determine if further follow-up is needed.

Date: _____ Protocol Number (if appropriate): _____ Faculty Staff Student

Name: _____ Work Phone: _____ Email: _____

Department: _____ Supervisor/ PI (required): _____

Position/Title: _____ Male Female

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. 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
4. Will you work with wild animals? NO YES If yes, what species? _____
5. Do you work with sick animals? NO YES If yes, explain: _____
6. Have you had a **tetanus vaccination** in the last 10 years? NO YES if yes, approximate date: _____
7. 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: _____
8. 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) **and/or** that you are working with different species of animals. Please describe your change here: _____
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: _____

Please send this form to: Via Christi Occupational Health, francis.koopman@via-christi.org, 315 Seth Child Rd
66502
Phone: 785-776-2813, Fax: 785-776-2851