ARKANSAS STATE UNIVERSITY, MEDICAL SURVEILLANCE PROGRAM

**General Information**

Full Name: _____

Date of Birth: _____

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**What possible hazardous exposures exist in your position/research?**

Animals: ☐ Lab animals (mice/rats/guinea pigs, etc.) ☐ Birds
☐ Farm animals ☐ Wild animals ☐ Insects
☐ Aquatic animals

Human or primate: ☐ Blood ☐ Tissues, fluids or other potentially infectious materials
☐ Human cell culture

Environmental: ☐Chemicals ☐ Dust ☐ Noise

Will you be exposed to animals that may have rabies? ☐ Yes ☐ No
Will you be involved in recombinant DNA or human gene transfer research? ☐ Yes ☐ No
Are you pregnant or planning to become pregnant in the near future? ☐ Yes ☐ No

**Medical History** □ I have no significant medical history

Current medications: _____ ☐ None

☐ Anemia ☐ Hearing Problems ☐ Rheumatic/Scarlet Fever
☐ Arthritis ☐ Heart Problems ☐ Seizures/Epilepsy
☐ Cancer ☐ Heat Stroke ☐ Stomach/Bowel Problems
☐ Diabetes ☐ High Blood Pressure ☐ Tuberculosis
☐ Difficulty Smelling ☐ Joint or Muscle Problems ☐ Vision Problems
☐ Dizziness or Fainting ☐ Kidney or Liver Disease
☐ Other:_____

Do you have a medical condition that impairs your immune system (HIV, chemotherapy, radiation, etc.)?
☐ Yes ☐ No

**Allergy History**
Do you currently have or have you ever had any of the following conditions?

| | | | |
|---|---|---|---|
| Asthma/Wheezing? | ☐ Yes | ☐ No | If yes, when? _____ |
| Chronic cough/Bronchitis? | ☐ Yes | ☐ No | If yes, when? _____ |
| Eczema/Skin rash? | ☐ Yes | ☐ No | If yes, when? _____ |
| Hay fever/Seasonal allergies? | ☐ Yes | ☐ No | If yes, when? _____ |
| Itchy, irritated eyes? | ☐ Yes | ☐ No | If yes, when? _____ |
| Shortness of breath? | ☐ Yes | ☐ No | If yes, when? _____ |
| Other lung/breathing problems? | ☐ Yes | ☐ No | If yes, when? _____ |

Allergies to food or medicine? ☐ Yes ☐ No
If yes, list:_____

Allergies to pollen, grass, weeds, trees, yeas or molds? ☐ Yes ☐ No
If yes, list:_____

Allergies to latex, chemicals or other substances? ☐ Yes ☐ No
If yes, list:_____

Allergies to animals? ☐ Yes ☐ No
If yes,list:_____

**Immunization History**

Tetanus: Td _____ or Tdap _____

Hepatitis B _____ (date of series completion if there is risk of exposure to human or primate derived materials)

Rabies: _____ (if applicable)

***The above information is accurate to the best of my knowledge.***

_____ _____
Signature Date