

Occupational Health Surveillance System

November 26, 2024

Participant Submitting the Health Questionnaire Form

Submitting a Health Questionnaire Form

After completing a Risk Assessment, participants will be directed to the Health Questionnaire (HQ), which they must complete and submit. The HQ is routed to a Medical Professional for review. Participants will be notified if their HQ is approved or requires further action.

Key Points

- Confidentiality: The PI or Supervisor does not have access to the Health Questionnaire.
- Reusability: The HQ is completed once and reused for multiple Risk Assessments.
- Time Limit: Participants have 30 minutes to complete the HQ. Ensure access to your medical information during this process.

Note: Include vaccination history, including dates, when filling out the HQ. This information does not auto-populate from prior records. Missing or incomplete vaccine details may delay clearance and require unnecessary appointments.

Health Questionnaire Content

The HQ provides Medical Professionals with a participant's medical history, including:

- Vaccines
- Tuberculosis Screening
- General Health History
- Exposures
- Biological Hazards
- Allergies
- Prescription Medications
- Health Status Changes



Health Questionnaire Form

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Participant:				
concerning the use of animals and/or insects, ir and must be updated and resubmitted either ev When filling out your confidential Health Questic automatically pre-populate from previous forms	ncluding potential zoon ery 3 years or at an inte onnaire (HQ), make sure or previous vaccinatio	otic risks, in research erval determined by O e to have your vaccina n and/or testing serv	with the UCR EH&S Occupational Health D occupational Health and/or the overseeing of ation history available. Vaccine history, incluices performed by Occupational Health. If y	d discuss medical information pertinent to my car division. I further acknowledge this form is required occupational health physician. Uding date, is requested on the HQ and does not you have had a vaccination, but it is not entered on ce. This may create an unnecessary appointment
Date of Birth (MM/DD/YYYY)				
Vaccines				
Have you previously received the full dose of Hepatitis B immunization series?	○ Yes ○ No ● I o	don't know	If yes, the estimated completed date:	(MM/YYYY)
Have you had the Tetanus vaccine?	○ Yes ○ No ● I	don't know	If yes, the estimated completed date:	(MM/YYYY)
Have you had the Rabies vaccine?	○ Yes No ○ I	don't know	If yes, the estimated completed date:	(MM/YYYY)
Have you had a Rabies titer?	○ Yes No ○ I o	don't know	If yes, the estimated completed date:	(MM/YYYY)
General History				
Arthritis, Chronic Pain or Join If yes, please explain:	nt Pain?	● Yes ○ N	lo	
Do these conditions interfere work? If yes, please explain:	with your	○ Yes ● N	lo	
Immune system compromised condition? If yes, please explain:		• Yes • N		
Have you been diagnosed wi	fere with	Addison's ○ Yes ● N		



Exposures		
Are you or will you be wearing a respirator at work? If uncertain, review the risk assessment and contact your supervisor.	○ Yes No	
If yes, please select the type of respirator:	☐ Dust Mask ☐ N-95 ☐ Surgical Mask ☐ 1/2 Face ☐ Full Face ☐ PAPR	
Do you wear protective goggles or protective clothing at work? If yes, protection from what agent or action?	● Yes ○ No	
If you work in noisy or loud environments, is hearing protection readily available for your own comfort at work?	○ Yes No ○ N/A	
If working with needles, do you know how to report a needle stick injury?	● Yes ○ No ○ N/A	
If you work in extreme environmental conditions have you been trained on how to protect yourself?	○ Yes No ○ N/A	
Biological Hazards		
If your work requires you to work with		
I need to have a blood test (Hepati	tis B titer) to document immunity.	
I would like to receive a Hepatitis B	3 vaccine.	
I have declined to receive Hepatitis	B vaccine and have signed a declination form at the time of the training.	
Would you like to speak to a physician about any of your workplace exposures	○ Yes ○ No	



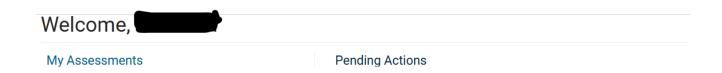
Allergies		
Please indicate which symptoms you have experienced:		
☐ Chronic Cough	Asthma/Wheezing	 ☐ Itchy, Irritated Eyes (Conjunctivitis) ☐ Chronic Allergies (Food, Pollens, Dust) ☐ Itchy, Runny Nose (rhinitis)
☐ Hay Fever (Dust)	☐ Hives or Skin Rash	
☐ Bronchitis	Pneumonia	
Chest Tightness or Shortness of Breath		(minus)
Are these allergies more frequent at work?	○ Yes No ○ N/A	
Please indicate which animals or substances cause you symptoms:		
☐ Alfalfa ✓ Cattle ✓ Goat ☐ Horse ☐ Primates ☐ Sheep (Wool) ☐ Weeds	☐ Bird (Feathers) ☐ Chemicals ☐ Grasses ☐ Latex ☐ Rabbit ☐ Swine ☐ Wood	Cat Dog Guinea Pig Metals Rat or Mice Trees Other (e.g. chemicals, food, environment):
Do your allergies require treatment?	○ Yes ● No ○ N/A	
Have you had to wear a respirator, goggles or protective clothing to prote yourself from allergies?		
Have you been given an alternative to using latex gloves?	Yes O No	
Are you being treated by your private doctor for allergies or asthma?	Yes No	
Prescription Medications		
Are you currently taking any <u>prescription</u> medications?	Yes No	
If yes, please list separated by comma (e.g. Prilosec, Advair):	Prednisone	
Has your health status changed in the last year? If yes, describe:	○ Yes ● No	



Reproductive Health			
Are you pregnant?	Yes ● No ○ N/A		
Would you like to have a "Reproductive Health Consult" with an Health Physician?	○ Yes No		
Note: Saving this Health Questionnaire Form will create a new OHSS process with a copy of the following Risk Assessment.			
Save Health Questionnaire Form Cancel			

Completing the Health Questionnaire

- 1. **Automatic Redirection:** Participants will be directed to the HQ after agreeing to the Risk Assessment.
 - o If you opt to complete it later, access it via **Pending Actions** on the homepage.

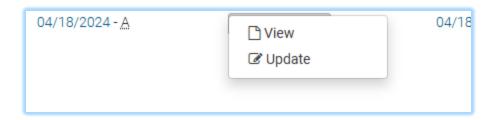


2. Review or Modify Existing HQ:

- o If an HQ is already on file, you can:
 - Approve it with no changes.
 - Modify it if your health status has changed by clicking the Update button.







3. Save and Submit: Once completed, click Save Health Questionnaire to submit it.

