

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.

Digital Vaccine Record (DVR):

Participants can request a **Digital Vaccine Record** from the <u>California Immunization Registry</u> (<u>CAIR</u>). Failure to provide vaccination documentation may result in unnecessary appointments or delays in processing your medical clearance.

Health Questionnaire Content

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

- Vaccines¹
- Tuberculosis Screening
- General Health History
- Exposures
- Biological Hazards
- Allergies
- Prescription Medications
- Health Status Changes



Health Questionnaire Form

Participant:

By completing this form, I hereby authorize the UCI COEH (Center for Occupational and Environmental Health) to exchange, receive, and discuss medical information pertinent to my care concerning the use of animals and/or insects, including potential zoonotic risks, in research with the UCR EH&S Occupational Health Division. I further acknowledge this form is required and must be updated and resubmitted either every 3 years or at an interval determined by Occupational Health and/or the overseeing occupational health physician.

When filling out your confidential Health Questionnaire (HQ), make sure to have your vaccination history available. Vaccine history, including date, is requested on the HQ and does not automatically pre-populate from previous forms or previous vaccination and/or testing services performed by Occupational Health. If you have had a vaccination, but it is not entered on the questionnaire or "I don't know" is marked, the Occupational Health Physician may recommend this service before providing clearance. This may create an unnecessary appointment or clearance delay.

Date of Birth (MM/DD/YYYY)			
Vaccines 1			
Have you previously received the full dose of Hepatitis B immunization series?	○ Yes ○ No ⑥ I 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 don't know	If yes, the estimated completed date:	(MM/YYYY)

Note¹:

- **Hepatitis B (Hep B) Immunization Series**: More information and guidance regarding the Hepatitis B immunization series is available via the UCR Occupational Health <u>Hepatitis B vaccination</u> website.
- **Opt-Out Process:** Participants who wish to decline the Hepatitis B vaccine must review the Hepatitis B Vaccine Guidance Program Document. Additionally, completion of the annual Bloodborne Pathogens (BBP) online training is required, which includes a section on the vaccination process and the declination option.
- Tetanus Vaccine: Additional information and guidance on the Tetanus vaccine can be found on the UCR Occupational Health Tetanus webpage. Opt-Out Process: Participants who wish to decline the Tetanus vaccine must review the Permitted Exceptions outlined in Interim Program Attachment #5 of the UCOP Policy on Vaccination Programs with Interim Program Attachments, and request a declination form by contacting <a href="https://enables.com/enables/
- Alternative Controls: Individuals who decline vaccination and do not meet exemption criteria should be aware that Cal/OSHA encourages employers to implement alternative



control measures to reduce risk. These may include enhanced personal protective equipment (PPE), such as bite-resistant gloves or arm guards, and the use of administrative or work practice controls to limit exposure whenever feasible.

• **Rabies Vaccine:** More information and guidance regarding the Rabies vaccine(s) and titer is available via the UCR Occupational Health <u>Rabies</u> website.

General History	
Arthritis, Chronic Pain or Joint Pain? If yes, please explain:	Yes No
Do these conditions interfere with your work? If yes, please explain:	○ Yes No
Immune system compromised condition? If yes, please explain:	● Yes ○ No Addison's Disease
Have you been diagnosed with a heart or lung disease that would interfere with your ability to wear a respirator?	○ Yes ● No
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



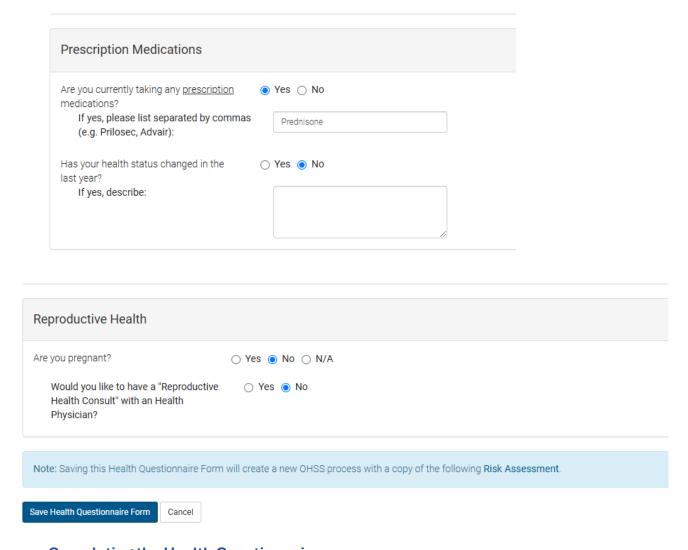
Biological Hazards				
If your work requires you to wo human blood, tissue, or body fl you been offered a Hep B vacc through Occupational Health S and completed Blood Borne Pa training?	uids, have ine ervices	○ No No N/A		
I need to have a blood test	(Hepatitis B titer) to doc	ument immunity.		
 I would like to receive a He 	patitis B 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 ph about any of your workplace ex Allergies		No No		
Please indicate which symptoms you have experienced:				
☐ Chronic Cough	Asthma/Wheezing	☐ Itchy, Irritated Eyes (Conjunctivitis)		
☐ Hay Fever (Dust)	☐ Hives or Skin Rash	Chronic Allergies (Food, Pollens, Dust)		
☐ Bronchitis	☐ Pneumonia	☐ Itchy, Runny Nose (rhinitis)		
Chest Tightness or Shortness of Breath				
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 ③ No ○ N/A			
Have you had to wear a respirator, goggles or protective clothing to protec yourself from allergies?	○ Yes No et			

Have you been given an alternative to

using latex gloves?

Yes ○ No





Completing the Health Questionnaire

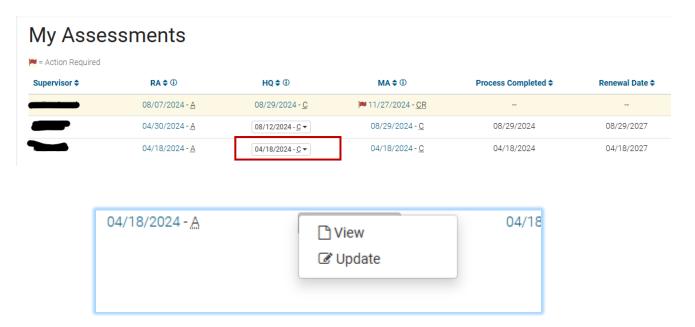
- 1. **Automatic Redirection:** Participants will be directed to the HQ after agreeing to the Risk Assessment.
 - o If you opt to complete it later, access it via **Pending Actions** on the homepage.





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.

