

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 [California Immunization Registry \(CAIR\)](#). 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

Vaccination Status – Related to Your Current Work with Animals in Research ¹

As part of assessing your health and safety needs for working with animals in research, please provide information about your vaccination status by answering the following questions:

Hepatitis B Vaccine Series

Have you completed the full Hepatitis B vaccine series? Yes No Unsure

If yes, date of completion: (MM/YYYY)

Hepatitis B Titer (Immunity Test)

Have you ever had a Hepatitis B titer? (a blood test to check your immunity level) Yes No Unsure

If yes, date of test: (MM/YYYY)

Did your titer show protection? Yes No Unsure

Tetanus Vaccine (Recommended Every 10 Years) (e.g., DTaP, Tdap, Td)

Have you received a Tetanus vaccine within the past 10 years? Yes No Unsure

If yes, date of most recent vaccination: (MM/YYYY)

Rabies Vaccine

Have you received a Rabies vaccine, particularly due to working with animals that may pose a rabies risk? Yes No Unsure

If yes, date of vaccination: (MM/YYYY)

Rabies Titer (Immunity Test)

Have you ever had a Rabies titer? (a blood test to check your immunity level) Yes No Unsure

If yes, date of test: (MM/YYYY)

Did your titer show protection? Yes No Unsure

Seasonal Influenza (Flu) Vaccine

Have you received a seasonal influenza vaccine within the past 12 months? Yes No Unsure

COVID-19 Vaccination (SARS-CoV-2 Work)

Do you currently work with COVID-19 related materials or in COVID-19 research settings? Yes No

Have you received the most recent recommended COVID-19 vaccine or booster? Yes No Unsure

If yes, date of vaccination: (MM/YYYY)

Other Vaccines (Based on Research or Fieldwork Needs)

Have you received any additional vaccines relevant to your current or past research/fieldwork? Yes No Unsure

If yes, please list them and include dates if known:

Note¹:

- **Hepatitis B (Hep B) Immunization Series:** More information and guidance regarding the Hepatitis B immunization series is available via the UCR Occupational Health [Hepatitis B vaccination](#) 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 ehsocchealth@ucr.edu.
- **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 [Rabies](#) website.
- **Seasonal Influenza, COVID-19, and Other Vaccines:** Vaccination requirements depend on the species and biological agents you work with and will be determined by the Occupational Physician during the review of your health questionnaire. If the physician deems a vaccine recommended or required, it will be provided at no cost under this program. If you're unsure of your status, please select "Unsure."

General History

Arthritis, Chronic Pain or Joint Pain?

Yes No

If yes, please explain:

Do these conditions interfere with your work?

Yes No

If yes, please explain:

Immune system compromised condition?

Yes No

If yes, please explain:

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 Surgical Mask N-95 1/2 Face Full Face PAPR

Do you wear protective goggles or protective clothing at work?

Yes No

If yes, protection from what agent or action?

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 – Exposure to Human Blood, Tissue, or Body Fluids

If your work involves handling human blood, tissue, or body fluids, please respond to the following questions:

Hepatitis B Vaccine

Have you been offered the Hepatitis B vaccine through Occupational Health Services?

- Yes
- No
- I do not need the Hepatitis B vaccine because I have already been vaccinated.
- I declined the Hepatitis B vaccine after it was offered.
- N/A – My work does not involve handling human blood, tissue, or body fluids.

Bloodborne Pathogens Training within the last 12 months

Have you completed Bloodborne Pathogens training?

- Yes
- No
- N/A – My work does not involve handling human blood, tissue, or body fluids.

Would you like to speak to a physician about any of your workplace exposures?

Yes No

Allergies

Do you have any known or suspected allergies to the animal species that you work with or that are commonly in an area where you work? Yes No

If yes, which symptoms do you experience around these animals or their bedding:

- | | | |
|---|---|--|
| <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Asthma/Wheezing | <input type="checkbox"/> Itchy, Irritated Eyes (Conjunctivitis) |
| <input type="checkbox"/> Hay Fever (Dust) | <input type="checkbox"/> Hives or Skin Rash | <input type="checkbox"/> Chronic Allergies (Food, Pollens, Dust) |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Itchy, Runny Nose (rhinitis) |
| <input type="checkbox"/> Chest Tightness or Shortness of Breath | | |

Are these allergies more frequent at work? Yes No N/A

If you have work allergy symptoms, have they worsened in the last year? Yes No

Please indicate which animals or substances cause you symptoms:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Alfalfa | <input type="checkbox"/> Bird (Feathers) | <input type="checkbox"/> Cat |
| <input type="checkbox"/> Cattle | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Dog |
| <input type="checkbox"/> Goat | <input type="checkbox"/> Grasses | <input type="checkbox"/> Guinea Pig |
| <input type="checkbox"/> Horse | <input type="checkbox"/> Latex | <input type="checkbox"/> Metals |
| <input type="checkbox"/> Primates | <input type="checkbox"/> Rabbit | <input type="checkbox"/> Rat or Mice |
| <input type="checkbox"/> Sheep (Wool) | <input type="checkbox"/> Swine | <input type="checkbox"/> Trees |
| <input type="checkbox"/> Weeds | <input type="checkbox"/> Wood | <input type="checkbox"/> Other (e.g. chemicals, food, environment): |

Do your allergies require treatment? Yes No N/A

Do you have asthma? Yes No Unsure

What causes your allergy or asthma symptoms? Check all that apply?

- | | | |
|--------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Pets | <input type="checkbox"/> Medication | <input type="checkbox"/> Pollen, plants, Mold or Dust |
| <input type="checkbox"/> Latex | <input type="checkbox"/> Food | <input type="checkbox"/> Other |

Have you had to wear a respirator, goggles or protective clothing to protect yourself from allergies? Yes No

Have you been given an alternative to using latex gloves? Yes No

Are you being treated by your private doctor for allergies or asthma? Yes No

Prescription Medications

Are you currently taking any prescription medications? Yes No

If yes, please list separated by commas (e.g. Prilosec, Advair):

Has your health status changed in the last year? Yes No

If yes, describe:

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.

Welcome, [REDACTED]

My Assessments

Pending Actions

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.

My Assessments

 = Action Required

Supervisor ↕	RA ↕ ⓘ	HQ ↕ ⓘ	MA ↕ ⓘ	Process Completed ↕	Renewal Date ↕
[REDACTED]	08/07/2024 - A	08/29/2024 - C	 11/27/2024 - CR	--	--
[REDACTED]	04/30/2024 - A	08/12/2024 - C	08/29/2024 - C	08/29/2024	08/29/2027
[REDACTED]	04/18/2024 - A	04/18/2024 - C	04/18/2024 - C	04/18/2024	04/18/2027

04/18/2024 - A 04/18

 View

 Update

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

Save Health Questionnaire Form

Cancel