



**Please complete this form, along with form A (Health Risk Assessment Evaluation)**

Email Forms A, B, and C to:  
**Henry Guevara (henvara@gmail.com)**

**Medical History Questionnaire**

**Purpose:** Employees working with research animals or entering a Baylor University animal facility are required to complete this questionnaire to identify applicable health and safety recommendations. Your answers are confidential. The purpose of the following question is to determine if you have any special health needs to work safely with animals. A common health risk includes allergies or respiratory sensitivities which may be caused or aggravated by work around animals. Chronic health conditions, pregnancy or immune system deficiencies may increase risk of infection from animals (zoonotic diseases) or infectious agents used in animals. Chemical exposure from treated animals may also present additional risks during pregnancy or for certain respiratory or chronic health disorders.

Based on your answers, medical recommendations will be provided to reduce risk of undesirable health effects and may include wearing personal protective equipment or modifying work procedures. In some cases, a further medical evaluation may be indicated.

**Instructions:** Please complete the form below. You must also complete form A. Receipt of both forms is required to get medical clearance to work with or around research animals.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Gender:**  Male  Female

1. List all animals you will be working with: \_\_\_\_\_

2. Date of last Tetanus booster: \_\_\_\_\_

3. If you will be working with human blood/tissues/cells/cell lines in animals:

a. Have you received a Hepatitis B vaccination series?  Yes  No

b. If yes, list dates and attach vaccination record: \_\_\_\_\_

c. If post vaccination titer was done, list date: \_\_\_\_\_

d. Result (attach record): \_\_\_\_\_

4. Please mark yes for any of the following medical situations that apply to you:

Asthma or other chronic respiratory disease  Yes  No

Skin conditions such as eczema, psoriasis, dermatitis  Yes  No

Allergic skin reactions such as hives, rash, or itching  Yes  No

Known or suspected allergies to animals?  Yes  No

If yes, which animals? \_\_\_\_\_

Known or suspected allergies to chemicals, latex, food, or environment  Yes  No

If yes, list: \_\_\_\_\_

Chronic health condition such as diabetes  Yes  No

Kidney or liver disease  Yes  No

Valvular heart disease  Yes  No

History of spleen problem  Yes  No

Pregnant or planning to become pregnant  Yes  No

Immune system deficiencies or other limitations to your ability to fight off disease or infection  
(for example: cancer, lupus, organ transplant, HIV, chronic infection)  Yes  No

If yes, list: \_\_\_\_\_

Current Medication or treatment that may suppress your immune system (for example: high  
dose steroids, prednisone, chemotherapy, radiation therapy)  Yes  No

If yes, list: \_\_\_\_\_

By signature, I certify that the information provided is accurate to the best of my knowledge.

\_\_\_\_\_  
EMPLOYEE/PARTICIPANT SIGNATURE

\_\_\_\_\_  
Date