HealthPartners Occupational and Environmental Medicine

Work Ability Report for Biosafety Level 3 (BSL-3) Facilities

EMPLOYEE INSTRUCTIONS: Please fill in name, employee ID and/or X500 below and complete pages 2-5. Submit entire form by fax to 612-626-9643 or email to uohs@umn.edu *(email is not a guaranteed secure way to transmit private information)*. The form may also be mailed in a sealed envelope marked "*Confidential"* to:
UHS BOHD, Thompson Center for Environmental Management, 503 23rd Avenue SE, Minneapolis, MN, 55455.

The University Health and Safety: Biosafety and Occupational Health Department (UHS-BOHD) will notify the employee of clearance outcome and any additional information by e-mail. Contact BOHD at uohs@umn.edu with any questions.

Employee Name (please print)	Employee ID	X.500

For HealthPartners Office Use Only:

Based on the BSL-3 Medical Questionnaire reviewed by HealthPartners, the above employee is:

CLEARED FOR WORK IN BSL-3 FACILITIES and *(check box below)*

- ☐ **No animal care/use**
- ☐ **Animal Exposure Questionnaire submitted/verified in Research Occupational Health Program (ROHP)**
  Confirmed by BOHD/Date: _____
- ☐ **Appointment suggested but not required**
  If you would like to be seen by a physician at HealthPartners Occupational Health and Medicine, call 952-883-6999 to schedule a BSL-3 exam

NOT CLEARED FOR WORK IN BSL-3 FACILITIES and *(check box below)*

- ☐ **Needs to complete Animal Exposure Questionnaire or other ROHP requirements**
- ☐ **Appointment required**
  Employee must call HealthPartners at 952-883-6999 to schedule and complete a BSL-3 exam prior to working in BSL-3 facilities

Other:

Provider Signature	**Date Signed**

BSL-3 MEDICAL QUESTIONNAIRE

PURPOSE

The purpose of this form is to obtain personal health and potential work exposure information for the employee. This information will be used by the HealthPartners Occupational and Environmental Medicine (HPOEM) Occupational Health Professional (OHP) to make an accurate assessment of the ability of the employee to safely work with biological and chemical agents in the U of MN BSL-3 facility. The OHP will evaluate the information on this form and document any work restrictions or protective measures that the employee must follow. If restrictions and/or protective measures are required, the U of MN expects that the employee will comply.

Upon review of the questionnaire, the OHP may require that that the employee be seen for an initial health assessment **prior** to starting work in the BSL-3 facility. The employee will not be cleared to start work until the appointment is complete.

The employee must complete the *BSL-3 Medical Questionnaire* every two years to assess ongoing risks and fitness for duty.

PRIVACY STATEMENT

The following information requested on the form is confidential: employee date of birth, sex, home address (unless listed in the campus directory) and all items under *Medical History*.

HPOEM will maintain health and treatment information about the employee in a confidential medical record to ensure employee privacy. HPOEM will not release confidential information about the employee without the written consent from the employee, except as required by law. HPOEM will, however, notify the University Health and Safety: Biosafety and Occupational Health Dept. (UHS-BOHD) of work restrictions or protective measures to be followed and whether the employee has completed all occupational health requirements applicable to the employee.

PARTICIPANT INFORMATION

Name _____ Date of birth _____
Last First Middle mm/dd/yyyy

Sex: Female ☐ Male ☐ Email _____ Employee ID _____

Home address _____ City _____ State _____ Zip _____

Campus mailing address _____ City _____ State _____ Zip _____

Cell phone _____ Work phone _____

MEDICAL HISTORY

Do you have or have you had any of the following health conditions?

No	Yes	Health Condition
☐	☐	Hypertension (high blood pressure)
☐	☐	Serious heart condition such as heart failure, coronary artery disease, or cardiomyopathy
☐	☐	Cerebrovascular disease (stroke)
☐	☐	Moderate to severe asthma
☐	☐	Chronic obstructive pulmonary disease (COPD)
☐	☐	Cystic fibrosis
☐	☐	Other chronic lung disease
☐	☐	Chronic kidney disease
☐	☐	Chronic liver disease
☐	☐	Diabetes (Type 1)
☐	☐	Diabetes (Type 2)
☐	☐	Sickle cell anemia
☐	☐	Other blood disorder
☐	☐	Immunocompromised state (weakened immune system) from immune deficiencies or HIV
☐	☐	Rheumatologic disease such as lupus, rheumatoid arthritis, or scleroderma
☐	☐	Cancer
☐	☐	Leukemia or lymphoma
☐	☐	Ongoing cancer treatment
☐	☐	Bone marrow transplant
☐	☐	Solid organ transplant
☐	☐	Tuberculosis (latent or active)
☐	☐	Other chronic infectious disease

Other than the conditions listed above, do you have any health conditions that be negatively impacted by your work?

☐ No ☐ Yes *If yes, please explain*:

Other than the conditions listed above, are you being treated for any ongoing health problems?

☐ No ☐ Yes *If yes, please explain*:

Do you have any reason to believe that you cannot work safety in an isolated environment?

☐ No ☐ Yes *If yes, please explain*:

MEDICAL HISTORY *(continued)*

Are you taking any of the following medications?

No	Yes	Medication
☐	☐	Prednisone or other steroids (excluding topical steroids)
☐	☐	Other medications that may weaken or suppress your immune system
☐	☐	Chemotherapy
☐	☐	Treatment for latent or active tuberculosis

Do you have an exposed medical device? ☐ No ☐ Yes *If yes, name device and answer questions below*:

No	Yes	***Name of Device*:**_____
☐	☐	Can you work effectively without using this device?
☐	☐	Can this device be effectively covered while you work?
☐	☐	Is this device waterproof or water resistant?
☐	☐	In the event of contamination, is a backup device available for use?

Do you have any allergies to antibiotics?

☐ No ☐ Yes *If yes, please explain:*

Have you received any of the following vaccines?

No	Yes	Vaccine
☐	☐	Anthrax
☐	☐	Hepatitis B
☐	☐	Influenza (in the last year)
☐	☐	Measles, Mumps, and Rubella (MMR)
☐	☐	Rabies
☐	☐	Tetanus
☐	☐	Vaccinia (Smallpox)
☐	☐	Varicella (Chicken Pox)

FOR THOSE ASSIGNED FEMALE AT BIRTH (*if not, skip to next page*):

No	Yes	Question
☐	☐	Are you pregnant or do you anticipate becoming pregnant in the next 12 months?
☐	☐	Are you breastfeeding?
☐	☐	Would you like to be contacted by an occupational health professional regarding pregnancy concerns? *If yes, enter preferred e-mail or phone number:*_____

ANIMAL CARE AND USE

Will you be working with animals in the BSL-3 facility? ☐ No ☐ Yes

If yes, please answer the following:

Will you be working with Nonhuman Primates or in the same room where they are present? ☐ No ☐ Yes

Have you previously completed an Animal Exposure Questionnaire? ☐ No ☐ Yes

Do you have any concerns or questions about personal medical conditions or occupational health and safety issues related to your job?

☐No ☐Yes *If yes, please describe:*

Would you like to be contacted by the occupational health physician?

☐ No ☐ Yes *If yes, enter preferred e-mail or phone number:* _____

SIGNATURE

The above information is accurate and complete to the best of my knowledge

_____ _____

Employee Signature **Date Signed**

The University Health and Safety, Biosafety and Occupational Health Department (UHS-BOHD) encourages employees to contact either HealthPartners Occupational and Environmental Medicine (HPOEM) to schedule an appointment at (952-883-6999) or their primary care provider, to discuss any questions about how their health might be affected by exposure to workplace hazards.

Any employee who develops a medical condition that potentially increases risk of exposure (e.g. immunosuppression, pregnancy, significant injury, etc.) should schedule an appointment with HPOEM to ensure appropriate evaluation. Prior to the appointment, the employee must complete a new BSL-3 Medical Questionnaire and reach out to BOHD for a copy of their most recent BSL-3 Medical Evaluation Authorization Form and Animal Exposure Questionnaire, if indicated, on file. The documentation should be taken to the appointment with HPOEM for review by the OHP.