

CONFIDENTIAL PERSONAL HEALTH HISTORY

Work and Medical History Form

University of Connecticut, Storrs Campus

Faculty _____ Staff _____ Student _____ Other (specify) _____

Name: _____ Date: _____ Date of Birth: _____

Address: _____

Net ID or Employee #: _____ Telephone #: _(_____) _____ Sex M F

Job Title: _____ Department: _____ Unit _____ Starting Date/Years in Position _____

Describe Duties: _____

Will you be, or are you exposed to any known hazard (e.g., toxic chemicals, asbestos, heavy lifting, etc)? What type(s)? _____

Do you have any work related health concerns? _____

WORK AND EXPOSURE HISTORY: Briefly describe previous jobs, titles, duties, and dates:

Start Date	End Date	Employer	Job Title/Duties	Exposure
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever had a work related injury, changed jobs, assignments or lost work time because of an injury or other health problem(s); received Worker’s Compensation, or disability insurance? Please describe: _____

Have you ever been directly exposed (touching, breathing, etc.) to any of the following? Please check all the appropriate boxes. Indicate in the comment section below if this was at work, home, doing a hobby or a part time job.

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Acids | <input type="checkbox"/> Asbestos | <input type="checkbox"/> Formaldehyde (Formalin) | <input type="checkbox"/> Mercury | <input type="checkbox"/> Phenol |
| <input type="checkbox"/> Ammonia | <input type="checkbox"/> Carbon Tetrachloride | <input type="checkbox"/> Gluteraldehyde | <input type="checkbox"/> Noise (loud) | <input type="checkbox"/> Radiation |
| <input type="checkbox"/> Anesthetic Agents | <input type="checkbox"/> Carcinogens | <input type="checkbox"/> Ketones | <input type="checkbox"/> Organic Solvents | <input type="checkbox"/> Radionuclides |
| <input type="checkbox"/> Antineoplastic Drugs | <input type="checkbox"/> Ethylene Oxide | <input type="checkbox"/> Lead | <input type="checkbox"/> Pesticides | <input type="checkbox"/> X-rays |
| <input type="checkbox"/> Other: _____ | | | | |

Comments: _____

Are there any other hazards which you are exposed to at home or doing hobbies or current part-time jobs? _____

Please list: _____

Have you ever changed your residence or home because of health problems? Describe. _____

Do you live very near an industrial plant or hazardous waste site? Describe. _____

Form B:

Employees return original to EH&S, 3102 Horsebarn Hill Road, Unit 4097 attn: Occ Med Review and mark “Confidential” Students/student employees return original to UConn Student Health Services, Unit 4011, Attn: Animal Handler Review.

MEDICAL HISTORY

Check if you have any of the following and give the year

Illness	Year	Illness	Year	Illness	Year
Blackouts or Epilepsy		Ear Infection/ Ruptured Ear Drum		Liver Disease	
Heart Trouble		Bone or Joint Problems		Cancer	
High Blood Pressure		Varicose Veins		Neurologic Disorder	
Tuberculosis		Hernia		Carpal Tunnel	
Diabetes, High Blood Sugar		Anemia/Other Blood Disorder		Neck/Shoulder Injury	
Asthma, Bronchitis, Pneumonia, Other Lung Disease		High Cholesterol or Triglycerides		Tendonitis/Repetitive Strain Injury	
Spleen Absent		Vision Problems		Knee/Foot Problems	
Dermatitis or Other Skin Disease/Rash		Urinary or Kidney Problems		Other	

Describe above positives: _____

Have you ever had back pain or injury which disrupted your usual activities? yes no If yes, please describe all episodes which resulted in absence from work or school (include dates): _____

Any other illness? Please describe and give dates: _____

Please list current medications: _____

Do you have any concerns related to your current work or previous jobs and your reproductive history? (i.e., infertility, miscarriages, still births, or birth defects) _____

Have you ever been in the hospital? Yes No.

Please list any hospitalizations and/or surgeries for major medical illnesses, injury, or procedures: _____

Allergy History:

Allergy to medications: _____

To Animals: _____

To Other Agents? Specify: _____

To Protective Gloves or Latex Allergy (glove dermatitis) _____

I certify to the best of my knowledge that the above information is true.

I understand that this evaluation (history review and physical exam) is related to my job and does not replace routine health care and physical examinations, by my own doctor.

The object of this form is to gather relevant information about occupational history, untoward effects of chemicals and other exposures from the workplace, allergy history, current medications and current health problems. It serves as a baseline for when an employee seeks medical evaluation at the University of Connecticut Student Health Services or UConn Health Storrs Center. This is not a pre-employment, it is a pre-placement questionnaire, and it will not have any power in terms of deterring employment. Furthermore, newly hired employees are free to omit information one may feel is not relevant to the scope of one's job or to the care one may receive from the medical care provider.

Signature

Date

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