# 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 |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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.

| | | | | |
|---|---|---|---|---|
| ☐ Acids | ☐ Asbestos | ☐ Formaldehyde (Formalin) | ☐ Mercury | ☐ Phenol |
| ☐ Ammonia | ☐ Carbon Tetrachloride | ☐ Gluteraldehyde | ☐ Noise (loud) | ☐ Radiation |
| ☐ Anesthetic Agents | ☐ Carcinogens | ☐ Ketones | ☐ Organic Solvents | ☐ Radionuclides |
| ☐ Antineoplastic Drugs | ☐ Ethylene Oxide | ☐ Lead | ☐ Pesticides | ☐ X-rays |

☐ 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 and Wellness, 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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