

Medical Surveillance Form

ARKANSAS STATE UNIVERSITY, MEDICAL SURVEILLANCE PROGRAM

General Information

Full Name: _____

Date of Birth: _____

What possible hazardous exposures exist in your position/research?

Animals: ☐ Lab animals (mice/rats/guinea pigs, etc.) ☐ Birds

☐ Farm animals ☐ Wild animals ☐ Insects

☐ Aquatic animals

Human or primate: ☐ Blood ☐ Tissues, fluids or other potentially infectious materials

☐ Human cell culture

Environmental: ☐ Chemicals ☐ Dust ☐ Noise

Will you be exposed to animals that may have rabies? ☐ Yes ☐ No

Will you be involved in recombinant DNA or human gene transfer research? ☐ Yes ☐ No

Are you pregnant or planning to become pregnant in the near future? ☐ Yes ☐ No

Medical History ☐ I have no significant medical history

Current medications: _____ ☐ None

☐ Anemia ☐ Hearing Problems ☐ Rheumatic/Scarlet Fever

☐ Arthritis ☐ Heart Problems ☐ Seizures/Epilepsy

☐ Cancer ☐ Heat Stroke ☐ Stomach/Bowel Problems

☐ Diabetes ☐ High Blood Pressure ☐ Tuberculosis

☐ Difficulty Smelling ☐ Joint or Muscle Problems ☐ Vision Problems

☐ Dizziness or Fainting ☐ Kidney or Liver Disease

☐ Other: _____

Do you have a medical condition that impairs your immune system (HIV, chemotherapy, radiation, etc.)?

☐ Yes ☐ No

Allergy History

Do you currently have or have you ever had any of the following conditions?

Asthma/Wheezing? ☐ Yes ☐ No If yes, when? _____

Chronic cough/Bronchitis? ☐ Yes ☐ No If yes, when? _____

Eczema/Skin rash? ☐ Yes ☐ No If yes, when? _____

Hay fever/Seasonal allergies? ☐ Yes ☐ No If yes, when? _____

Itchy, irritated eyes? ☐ Yes ☐ No If yes, when? _____

Shortness of breath? ☐ Yes ☐ No If yes, when? _____

Other lung/breathing problems? ☐ Yes ☐ No If yes, when? _____

Allergies to food or medicine? ☐ Yes ☐ No

If yes, list: _____

Allergies to pollen, grass, weeds, trees, yeas or molds? ☐ Yes ☐ No

If yes, list: _____

Allergies to latex, chemicals or other substances? ☐ Yes ☐ No

If yes, list: _____

Allergies to animals? ☐ Yes ☐ No

If yes, list: _____

Immunization History

Tetanus: Td _____ or Tdap _____

Hepatitis B _____ (date of series completion if there is risk of exposure to human or primate derived materials)

Rabies: _____ (if applicable)

The above information is accurate to the best of my knowledge.

Revision #1

Created 2025-10-31 20:22:14 UTC by Melissa Dooley

Updated 2025-10-31 20:23:02 UTC by Melissa Dooley