

**UTSA STUDENT/VOLUNTEER MEDICAL SURVEILLANCE INITIATIVE**  
**Initial Enrollment: Risk Assessment**



Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

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

Gender  Male  Female

Department \_\_\_\_\_ Supervisor/PI \_\_\_\_\_

Job Title \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Campus Bldg/Office Location \_\_\_\_\_ Room # \_\_\_\_\_  
 (i.e BSB/FSA)

**Vaccination History** (Provide dates as accurately as possible)

Hepatitis A _____	Hepatitis B _____	Influenza _____
Polio _____	MMR _____	Rabies (Rabavert) _____
Rubella _____	Rubeola _____	Smallpox _____
Tetanus _____	Tetanus, Diphtheria, Pertussis (DPT/Tdap) _____	
Chickenpox (Varicella) _____	PPD (TB Skin Test) _____	

Do you work with formaldehyde? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, Describe _____
Do you work with human or non-human primate blood, tissue or cells? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you work with any infectious agents? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you work with biological toxins? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you work with Anesthetic gases? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you work with Anti-neoplastic Drugs? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you work with Carcinogens? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you work with Highly Toxic Chemicals? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you work with Heavy Metals? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you work with Reproductive Hazards: Mutagens/Teratogens? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Are you exposed to Animal Waste? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Are you exposed to Needles/Scalpels/Sharps? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you wear a Respirator in your work? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you cut metal by torch or weld > 20 days/year? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Are you Allergic to latex? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
			List Animals, Insects or Plants
Do you have close, recurring contact with <b>animals</b> during your work? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you have contact with <b>insects</b> during your work? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you have close, recurring contact with potentially harmful <b>plants or fungi</b> ? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____

**Acknowledgement and Waiver Statement** – Please read and check items as appropriate prior to signing and dating the form below:

- I have reviewed the information concerning the UTSA Student/Volunteer Medical Surveillance Initiative in this document and as posted on the website <http://vpr.utsa.edu/larc/studentOhp.php>. I understand that my recurring animal contact or exposure to biological, chemical or physical hazards may have a health risk exposure, and I am advised to have a health assessment. I also understand health risks are associated with not accepting the health assessment.
- I understand that the tests or immunizations for my job function / area may be mandatory for full participation in the OHP and that proof of test or immunizations are needed to meet program requirements.

**In full recognition of the above statements please mark one of the following 3 participation choices:**

- I accept participation in the UTSA SMSI Health Assessment. Complete the Health Assessment.
- I decline participation in the UTSA SMSI Health Assessment, but I will contact my personal physician to meet UTSA's recommendation for medical surveillance and I will provide my personal physician with the UTSA SMSI Health Assessment for my full program participation.
- I decline participation in the UTSA SMSI Health Assessment.

**I have read, understood, and answered all parts of this form truthfully, and to the best of my ability and knowledge.**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**THE UNIVERSITY OF TEXAS AT SAN ANTONIO  
HEPATITIS B VACCINATION DISCLOSURE FORM**

Name (Please Print): \_\_\_\_\_ Department \_\_\_\_\_ Supervisor \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ EID: \_\_\_\_\_ Job Title \_\_\_\_\_

As a result of the nature of my occupational duties at UTSA, there is a substantial risk of direct contact with blood or other potentially infectious materials which have been determined as likely to transmit the Hepatitis B virus. I have received Bloodborne Pathogen Training and am aware of the precautions that must be taken when dealing with blood and body fluid exposure. As part of UTSA's Bloodborne Pathogen Exposure Control Plan and as a covered employee under UTSA's Occupational Health Program, I can receive vaccination against Hepatitis B at no cost.

**INSTRUCTIONS:** Place a  in either A, B or C box below that best describes your intent.

**A** **Yes, I'd like to get a Hepatitis B vaccine**  
**Vaccinations are given on Thursdays. Call X5304 or e-mail [UTSAohp@utsa.edu](mailto:UTSAohp@utsa.edu), to make appointment**

**CONSENT FOR HEPATITIS B VACCINE.** In accordance with UTSA's Bloodborne Pathogen Exposure Control Plan, I am being offered, free of charge, the Hepatitis B vaccination. The vaccine will be administered during working hours.

1. I have never received the Hepatitis B vaccine and would like to be vaccinated.
2. I have been informed that I am at risk of acquiring hepatitis B because of the nature of my professional responsibilities.
3. I have read the information sheet that lists the indications, benefits, and presently known side effects of Hepatitis B vaccine, have had an opportunity to ask questions, and have had them answered to my satisfaction.
4. I must receive three (3) doses of vaccine over a period of six (6) months to confer optimal immunity.
5. I understand, however, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse reaction to the vaccine.
6. In the event that I should terminate employment at UTSA prior to receiving all three (3) doses of Hepatitis B vaccine, I understand that it will be my responsibility to complete the vaccination series on my own initiative and at my own expense.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B** **I already received the Hepatitis B.**

**PREVIOUS IMMUNIZATION WITH HEPATITIS B VACCINE.** I have previously completed a three-dose series of the Hepatitis B Vaccine. I understand that it is currently believed to be effective for life. I further understand that I will be contacted by UTSA's Occupational Health Coordinator if new information becomes available contradicting this belief.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**C** **I DECLINE taking the Hepatitis B vaccine.**

**DECLINATION STATEMENT.** I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me; however, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Form Via Campus Mail to EHSRM/Occupational Health Coordinator or Fax to 5072.