UTSA STUDENT/VOLUNTEER MEDICAL SURVEILLANCE INITIATIVE (SMSI)
Health Assessment

UTEID	Last Name	First Name	Middle Name
_____	_____	_____	_____

I understand that the Health Assessment provides a baseline health assessment that can assist the Licensed Health Care Provider (LHCP) in offering targeted health risk counseling and/or referral to me. I also understand that I may be contacted by the LHCP to clarify my response, or lack of response, to certain questions asked in this section. As an alternative and at my own expense, I understand that I may contact my personal physician to meet UTSA's recommendation for medical surveillance and I will provide my personal physician with this UTSA SMSI Health Assessment for review and signature approval for my full program participation.

_____ By initialing here, I understand the information as stated above.

Emergency Contact last name	Emergency Contact first name	Emergency contact phone number
_____	_____	_____

_____
Emergency Contact relationship

Name of your personal physician	Personal physician phone number
_____	_____

Relevant Health and Vaccination History

		Please provide additional information including dates to all yes answers
1. Do you have a prior injury or illness related to animal contact or biomedical research?	☐ Yes ☐ No	
2. Have you ever been diagnosed with asthma?	☐ Yes ☐ No	
3. Have you ever been diagnosed with allergies?	☐ Yes ☐ No	
4. Have you ever tested positive for tuberculosis?	☐ Yes ☐ No	
5. Have you ever failed a pulmonary function test?	☐ Yes ☐ No	
6. Have you ever had blood tests with abnormal results?	☐ Yes ☐ No	
7. Have you had any X-rays, CT scans, or MRI with abnormal results in the last two years?	☐ Yes ☐ No	
8. Are you aware of any existing medical conditions that might create an animal or chemical contact risk that has not been addressed elsewhere, please list here?		
9. Are you aware of any existing medical conditions that might compromise your ability to safely wear a respirator?	☐ Yes ☐ No	

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Individual Health Information

YES	NO	GENERAL	OTHER PROBLEMS OR COMMENTS TO YES RESPONSES
☐	☐	Recent Weight Changes	
☐	☐	Fever or Sweats	
☐	☐	Fatigue	
		SKIN	
☐	☐	Rashes or Hives	
☐	☐	Eczema	
☐	☐	Bruising	
		HEAD	
☐	☐	Blackout Spells/Fainting	
☐	☐	Head Injury/Loss of Consciousness	
☐	☐	Headaches	
☐	☐	Seizures	
		EYES	
☐	☐	Trouble Seeing	
☐	☐	Redness	
☐	☐	Itching	
☐	☐	Glasses or Contacts	
☐	☐	Color Blind	
☐	☐	Watering Eyes	
		EARS	
☐	☐	Difficulty Hearing	
☐	☐	Infection	
☐	☐	Ringing	
☐	☐	Hearing Aid	
		NOSE, SINUSES, THROAT, MOUTH	
☐	☐	Frequent Infections/Colds	
☐	☐	Breathing Problems	
☐	☐	Trouble Smelling Odors	
☐	☐	Sore Throat/Hoarseness	
☐	☐	Nasal Congestion/Runny Nose	
		RESPIRATORY	
☐	☐	Cough (Dry or with Phlegm or Blood)	
☐	☐	Wheezing	
☐	☐	Shortness of Breath	
☐	☐	Bronchitis	
☐	☐	Lung Disease	
☐	☐	Abnormal Chest X-ray	
		CARDIAC	
☐	☐	Heart Trouble	
☐	☐	Chest Pain	
☐	☐	High Cholesterol	
☐	☐	High Blood Pressure	
☐	☐	Valvular Heart Disease or Murmur	
☐	☐	Palpitations	
		REPRODUCTIVE	
☐	☐	Reproductive Health Concerns	
		GASTROINTESTINAL	
☐	☐	Trouble swallowing	
☐	☐	Vomiting, Heartburn or Indigestion	
☐	☐	Abdominal Pain	
☐	☐	Bleeding from the Mouth or bowel	
☐	☐	Liver Disease or Hepatitis	
☐	☐	Hernia	
		URINARY	
☐	☐	Pain with Urination or Blood in Urine	
☐	☐	Change in Urinary Habits	
☐	☐	Kidney Disease	

YES	NO	MUSCULOSKELETAL	OTHER PROBLEMS OR COMMENTS TO YES RESPONSES
☐	☐	Back Pain	
☐	☐	Joint Pain or Stiffness	
☐	☐	Limitation of Motion	
☐	☐	Weakness	
		EXTREMITIES	
☐	☐	Numbness	
☐	☐	Pain in Walking	
☐	☐	Swollen Ankles or Feet	
		ENDOCRINE	
☐	☐	Thyroid Disease	
☐	☐	Diabetes	
☐	☐	Type/Insulin(s)/Oral Med(s)	
		IMMUNE	
☐	☐	Cancer	
☐	☐	Immunosuppression	
☐	☐	Tumor	

HOSPITALIZATIONS – Please list surgeries (with approximate dates) that you have had:

List any hospitalizations (other than those listed above) during the past five years:

INJURIES – Have you ever been treated for low back pain? If so, please list details:

MEDICATIONS – Please list any prescription or over-the-counter drugs, including supplements, you take and the reason for taking them:

OUTSIDE EMPLOYMENT/HOBBIES – What outside hobbies or employment do you have that would predispose you to risk or injury with your work duties at UTSA:

I have answered this form truthfully and to the best of my recollection.

_____ _____

Signature Date