



**HEALTH ASSESSMENT:
HAZARD GROUP 3 PATHOGENS / CLASS 3 GENETICALLY MODIFIED ORGANISMS**

All staff and students who will be involved in laboratory work with hazard group 3 pathogens, or class 3 genetically modified organisms must complete health screening before beginning this work.

The aim is to identify anyone who may be at particular risk from infection, if exposed, in order to advise on appropriate precautions to help mitigate the risk.

If an Occupational Health Adviser / Physician considers specific precautions or support measures are required to ensure your safety we will advise your manager of these, after discussion with you. Information on any underlying health issue will not be divulged unless you request this.

Whilst you continue in such work you must inform Occupational Health if:

- you are involved in any incident where you may be accidentally exposed to the pathogen(s) you work with.
- you develop any health symptoms that might be caused by exposure to the pathogen(s) you work with.
- you develop any health conditions which may increase your risk of infection if exposed.
- you change your address or name.

Data protection information

The information that you supply on this questionnaire will be held in confidence by the University Occupational Health Service as part of your occupational health record. For full details of how your personal information is used by the University Occupational Health Service, please see <http://www.oh.admin.cam.ac.uk/general-information/confidentiality-statement>

1. Personal details

Surname: Mr / Mrs / Miss / Ms / Dr / Prof / Other

First name(s): Date of birth:

Job title: Department:

Telephone: email:

GP name and address:

2. Project information

Name of Principal Investigator (PI):

Research information:

Will your work involve handling human pathogens? Yes No

If yes, state the name of the pathogens(s):

Will your work involve handling genetically modified organisms? Yes No

If yes, state the name of the organism(s)

Will your work involve handling unscreened human blood, serum or unfixed human tissue samples? Yes No

Date work begins: Intended duration:

3. Medical information

1. Do you have eczema, psoriasis or other skin disease? Yes No
2. Do you have any chronic lung or heart disorder? Yes No
3. Do you have an allergies Yes No
4. Have you been treated with steroids in the past 18 months? Yes No
5. Do you have any other health problem that may affect your resistance to infection? Yes No
6. Do you take any medicines (including non-prescription drugs) regularly? Yes No
7. Do you have any physical impairment that may affect your ability to work safely in a laboratory e.g. restricted mobility, significant visual impairment, impaired hearing, co-ordination or dexterity? Yes No
8. (Women only) Are you pregnant or considering pregnancy during the duration of this project? Yes No

If yes to any of the above questions please give details e.g. *type of health problem, when is occurred, the duration, whether it still effects you:*

.....

.....

.....

4. Vaccination history (answer only if relevant to your work)

1. For any work with human tissue or blood samples

- a) Have you completed a Hepatitis B vaccination course (3 doses) Yes No unsure

If yes please give date(s)

- b) Did you have a blood test to check the response? Yes No unsure

If yes please give date and result

- c) Have you had a booster dose since completing your original course? Yes No unsure

2. For any work with Mycobacteria TB or BCG

- a) Have you had BCG vaccination? Yes No unsure

3. For any work with Neisseria Meningitides

- a) Have you been vaccinated against meningitis? Yes No unsure

If yes for what reason? travel UK vaccination programme other

Date of last vaccination (*if known*)

5. Declaration

I have answered all questions to the best of my knowledge. I agree to inform Occupational Health of any significant change in my health status whilst involved in this or future projects where there is risk of exposure to infectious agents.

Signed

Date

Please send your completed form to:

Occupational Health
16 Mill Lane
Cambridge
CB2 1SB

Name:	Date of Birth:
-------	----------------

OH assessment record

Date Time

Skin check satisfactory Yes No
Comments

Immunisation review satisfactory Yes No
Comments

<u>Outcome</u>	
Risk assessment received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fitness classification:
Vaccination required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <i>If yes state which:</i>
Clearance given:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow up surveillance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <i>if yes please specify when:</i>
Skin leaflet given	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Sharps card given	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Letter to	Biological Safety Officer:
	Departmental Administrator:
	Principal Investigator:
OHA / OHP signature Date
Print / name stamp