



Occupational Health and Safety Program (OHSP)
Employee Health Office
Occupational Health and Safety Surveillance Annual Follow-Up Form
Email: OHP@miami.edu | Phone: (305) 243-3267 |

Last Name:	First Name:	Today's Date:
Email:	Work Phone:	UM ID Number:
Supervisor's Name:	Mobile Phone:	Birth Date:
Department Name:		M <input type="checkbox"/> F <input type="checkbox"/>
Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/>	Job Title:	

Instructions: Please complete this form and email to OHP@miami.edu

1. Any change/s in the following in the past 12 months?

- a) Job duties Yes No
- b) Personal health Yes No
- c) Animal species you work with Yes No
- d) Infectious/biological/chemical agents you work with Yes No

- 2. Do you have allergy signs/symptoms? Yes No
- 3. Do you have any health or workplace concerns? Yes No

If answer YES, please explain:

- 4. Are you required to use respiratory protection at work? Yes No
- 5. Were you fit tested for the use of a respirator? Yes No
- 6. Have you previously completed a baseline health questionnaire? Yes No

Please be informed that certain medical conditions increase your risk of potential health problems when working with animals. These can include animal related allergies, chronic back injury, pregnancy, and immunosuppression. **If pregnant or immunocompromised, please contact the Employee Health Office at 305-243-3267 for a follow-up.**

I have answered the questions on this form truthfully and to the best of my knowledge.

Type or Sign Name**Date**