[](http://www.uthouston.edu/index/index.htm)

***University of Texas Employee Health Clinical Services***

General Minimum Exposure Acknowledgement Form

**TYPE OR PRINT CLEARLY**

|  |  |
| --- | --- |
| Name: | Date of Birth: Gender: 🞎 Male 🞎 Female |
| Street Address: | City/State/ZIP/Country: |
| Your Contact Number(s): | Your email: |
| Your Supervisor or Sponsoring Agency: | What is the estimated length of stay at UTH?  Days \_\_\_\_\_\_ Months \_\_\_\_\_\_ |
| Job Title: | UTH Department/School: |
| The University of Texas Health Science Center at Houston (UTHealth) has provided me with the opportunity to review the on line *Basic Safety Orientation* (<http://www.uthouston.edu/safety/training/hazard-communication.htm>) video. I understand there may be risks present that could possibly result in illness or injury. Such risks include: possible physical, biological, chemical, and radiologic hazards. If I experience an illness or injury while I am visiting UTHealth, or I feel unsafe in any situation, I understand that I should notify my host or sponsoring agency immediately. | |
| Your Signature: | Date: |

If you will be participating in activities at UTHealth longer than one (1) day, please indicate your classification:

( ) Observer ( ) Pre-baccalaureate trainee( ) Visiting Scientist

( ) Professional trainee ( ) Visiting Student trainee

1. Are you working in a laboratory, K-12 school, or providing Direct Patient Care?  Yes  No  Don’t Know Yet (If “Yes”, proceed to 1.1 TB test below. If No, go to 2)
   1. **Tuberculin (TB) skin test (PPD) required within the last 6 months, even if you received BCG vaccine as a child.**
   2. Date of last TB skin test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(ATTACH DOCUMENTATION OR LABORATORY REPORT)**
      1. Result:\_\_\_\_\_\_\_\_\_\_ Negative\_\_\_\_\_\_Positive (measurement\_\_\_\_\_\_\_\_\_ mm if available)
   3. Have you ever had a positive tuberculosis (TB) skin test? \_\_\_\_\_ Yes \_\_\_\_ No If yes, when? \_\_\_\_\_\_\_\_\_
      1. Chest x-ray findings if PPD is positive (attach x-ray report) Date of chest x-ray: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. While participating in activities at UTHealth, will you be exposed to the following:
   1. Human blood, body fluids or other material potentially infected with bloodborne pathogens?Yes  No 🞎Don’t Know Yet
      1. If “Yes”, to exposure to human blood, body fluids or other material potentially infected with hepatitis B, minimal exposure visitors are advised to notify their employer or sponsoring agency and complete bloodborne pathogen training and the hepatitis B vaccination series prior to participating in activities at UTHealth.
         1. Hepatitis B Series Three-dose series (Must be vaccinated to most current status possible) or laboratory report of positive hepatitis surface antibody titer **(ATTACH DOCUMENTATION OR**

**LABORATORY REPORT)** #1 \_\_\_\_\_\_\_\_\_ #2 \_\_\_\_\_\_\_\_\_ #3 \_\_\_\_\_\_\_\_\_

* 1. Animals or animal care areas?  Yes  No  Don’t Know Yet
     1. If “Yes” to (2.2) exposures to activities involving animals, visitors are advised to notify their employer or sponsoring agency and complete the **Animal Minimum Exposure Visitor Acknowledgement F**orm.
     2. If you answered “No”, to (2.1 or 2.2) both questions, then no additional employee health steps are necessary.

**If you answered “Don’t Know Yet” to either question above (2.1 or 2.2), you need to ask your host or supervisor upon arrival at your assigned location. If the answer then becomes “Yes” to either question you must inform Employee Health (713 500 3254)**

All applicants must submit this completed form to Employee Health Clinical Services (EHCS) by fax to 713-486-0983 . Approval will be sent to your email address noted above.

\*\*It’s good Public Health practice for all persons to have up to date shots and records – to see what immunizations/vaccinations you should have, go to Texas Department of State Health Services Immunization Branch <http://www.dshs.state.tx.us/immunize/default.shtm>