



Occupational Health and Safety Program (OHSP)  
Employee Health Office

**Occupational Health and Safety Surveillance Annual Follow-Up Form**  
Email: [umhealthoffice@miami.edu](mailto:umhealthoffice@miami.edu) | Phone: (305) 243-3267 | Fax: 305-243-2393

Last Name:	First Name:	Today's Date:
Email:	Work Phone:	C 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 [umhealthoffice@miami.edu](mailto:umhealthoffice@miami.edu) or fax to 305-243-2393

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

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a) Job duties  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Personal health                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Animal species you work with                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Infectious/biological/chemical agents you work with | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 2. Do you have allergy signs/symptoms?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have any health or workplace concerns? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*If answer YES, please explain:*

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- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 4. Are you required to use respiratory protection at work?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Were you fit tested for the use of a respirator?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you previously completed a baseline health questionnaire? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.*

_____ <b>Type or Sign Name</b>	_____ <b>Date</b>
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