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HUMAN RESOURCES SERVICE
Employee Health, Wellness and Leave

Biosafety Health Assessment Survey   **CONFIDENTIAL**

Once completed this form is <u>confidential</u> and must only be sent to Employee Health, Wellness and Leave Office, room 017, Tabaret Hall.
The information requested in this survey will be used to identify the required immunization and the medical surveillance to be implemented as a result of the project to be undertaken. It will remain confidential and will not be released to a third party without the expressed written permission of the employee. For more information, you may contact us at Santetr@uottawa.ca

PERSONAL DATA	
Name:	Position:
University of Ottawa affiliation (Faculty, Department)	
Employee No.: Student No.:	Name of Supervisor
Host Institution	Department:
Work Address Building:	Room No.: Telephone No:

DESCRIPTION OF THE PROJECT

Briefly list the pathogens you will be working with, the nature of the work, and the personal protective equipment that will be used. Will you be working with human or primate cells, tissue, blood or blood product? Will this work involve cultivation or diagnostic specimens? Please describe. Following the risk assessment performed by the principal researcher/supervisor, is there any recommended immunisation? Please provide a summary of the protocol and the corresponding MSDS for the pathogen (s) you will be working with.

COMMUNICABLE DISEASES

HAVE YOU EVER HAD				
Hepatitis B	Yes	No	Other infectious diseases (specify) :	
Hepatitis C	Yes	No		
Tuberculosis	Yes	No		
HIV	Yes	No		

HAVE YOU EVER BEEN OR ARE YOU PRESENTLY IMMUNO-COMPROMISED   Yes   No

Provide explanation

IMMUNIZATIONS	DATES (mandatory to indicate dates or attach a copy of your immunisation record with this form)				
Hepatitis A					
Hepatitis B					
Twinrix (A and B)					
Tetanus					
Diphteria					
Typhoid					
Rubella					
Polio					
Smallpox					
Influenza					
Measles / Mumps					
Other					

Signature: **Date:**