

**OFFICE OF PROSPECTIVE HEALTH  
EAST CAROLINA UNIVERSITY BRODY SCHOOL OF MEDICINE  
BASIC HEALTH HISTORY**

**PERSONAL**

Name \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Sex: M F  
Emergency Contact \_\_\_\_\_  
Relationship to You \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

**EMPLOYMENT**

Date hired \_\_\_\_\_ Job title \_\_\_\_\_ Dept. \_\_\_\_\_ Bldg./Room \_\_\_\_\_ Work phone \_\_\_\_\_  
Previous ECU hire \_\_\_\_\_

**HEALTH HISTORY**

Do you have any current or chronic health problems? \_\_\_\_yes\_\_\_\_no (specify) \_\_\_\_\_  
\_\_\_\_\_

Do you take any medications? Please list \_\_\_\_\_  
\_\_\_\_\_

Have you missed work due to being in the hospital in the past 2 years? \_\_\_\_yes\_\_\_\_no

Do you have any limitations or disabilities related to your current health problems that would affect your job? \_\_\_\_yes \_\_\_\_no  
(specify) \_\_\_\_\_

Do you require any particular accommodations or restrictions for any current health problem? \_\_\_\_yes \_\_\_\_no  
(specify) \_\_\_\_\_

Do you have a history of asthma or wheezing? \_\_\_\_yes \_\_\_\_no

Do you have any problems breathing or shortness of breath? \_\_\_\_yes \_\_\_\_no

Are there any activities which cause you problems? \_\_\_\_\_

Do you have a history of color blindness or problems distinguishing colors? \_\_\_\_yes \_\_\_\_no; Does your job require distinguishing  
colors such as a laboratory or in technical work? \_\_\_\_yes \_\_\_\_no

Do you use laser instrumentation in your work (not lasers printers or pointers)? \_\_\_\_yes \_\_\_\_no

**ALLERGIES (list cause and type of reaction)**

Environmental \_\_\_\_\_ Animals \_\_\_\_\_

Latex/rubber \_\_\_\_\_ Medications \_\_\_\_\_

Have you ever experienced: wheezing, difficulty breathing, coughing, rashes, swelling, hives, itching, or watery eyes when in  
contact with such items as balloons, rubber balls or toys, gloves, condoms, dental dams, or other rubber products?  
\_\_\_\_yes \_\_\_\_no

Have you ever experienced any of the following reactions when exposed to latex gloves, directly or indirectly, or any other natural  
rubber latex products or the powder from these natural rubber latex products?

**SKIN:**

\_\_\_ Itching  
\_\_\_ Swelling  
\_\_\_ Redness  
\_\_\_ Burning  
\_\_\_ Cracking  
\_\_\_ Papules or bumps  
\_\_\_ Urticaria or Hives

**RESPIRATORY TRACT:**

\_\_\_ Rhinitis  
\_\_\_ Sneezing  
\_\_\_ Coughing  
\_\_\_ Asthma  
\_\_\_ Angioedema  
\_\_\_ Throat Tightness  
\_\_\_ Dyspnea

**SYSTEMIC:**

\_\_\_ Nausea  
\_\_\_ Tachycardia  
\_\_\_ Dizziness  
\_\_\_ Anaphylaxis

(Over)

**PAST IMMUNIZATIONS**

In your position, will you have "face to face" contact with hospital or clinic patients? \_\_\_\_yes\_\_\_\_no

Have you had?	Yes/No	Have you been immunized?	Yes/No	Date(s)	Date(s)
Measles		Measles			
Mumps		Mumps			
German Measles		German Measles			
Chicken Pox		Chicken Pox			

When was your last TB skin test? Date\_\_\_\_\_

Have you had a past positive TB skin test? \_\_\_\_yes\_\_\_\_no

Did you have a chest x-ray? \_\_\_\_yes\_\_\_\_no

If positive, did you receive INH Treatment? \_\_\_\_yes\_\_\_\_no

Have you received BCG immunization? \_\_\_\_yes\_\_\_\_no

Are you potentially exposed to human blood/or other body fluids or human tissue in the course of your work?  
 \_\_\_\_\_ yes \_\_\_\_\_ no

Have you received Hepatitis B vaccinations - 3 doses? \_\_\_\_\_ yes \_\_\_\_\_ no (year \_\_\_\_\_)

Are you immune to Hepatitis B based on prior infection or blood test ? \_\_\_\_\_ yes \_\_\_\_\_ no

When was your last Tetanus Diphtheria shot? \_\_\_\_\_

Do you work with laboratory animals? \_\_\_\_yes\_\_\_\_no

Please specify type/species now used: \_\_\_\_\_

Have you been immunized for rabies? \_\_\_\_yes\_\_\_\_no

Are you on any work restrictions due to limitations under NC Administrative Code for HIV or Hepatitis B?  
 \_\_\_\_\_ yes \_\_\_\_\_ no

Employee Signature\_\_\_\_\_Date\_\_\_\_\_

Return to Sharon Shipley, RN  
 744-3534 / 744-2417 Fax  
 Employee Health Nurse  
 Prospective/Employee Health  
 190 Life Sciences Building