

BSL – 3 Update 2020

(Last, First) Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Pitt ID# or Social Security Number	OCCUPATIONAL HISTORY	
Address	Current Job Duties _____	
City/State/Zip Code	Principal Investigator _____	
Phone _____(_____)_____	Or	
	Supervisor _____	

Please update the following health information and note any changes including medications. Please fax 412-647-5051 or email myhealthatworkpitt@upmc.edu

Do you have any health or workplace concerns not covered by the questionnaire that you feel may affect your occupational health and that you would like to confidentially discuss with the Occupational Health Practitioner, please contact MyHealth@Work staff at 412-647-4949

Any changes or updates to your general health? (please explain)?

MEDICAL HISTORY	YES	NO	MEDICAL HISTORY	YES	NO
Do you have, or have you ever had: (If YES to any of the following, please explain in the comment section)					
Any condition that weaken the immune system (HIV/AIDS, cancer)			Currently taking cancer treatment with drugs or radiation?		
A severe autoimmune disease (Systemic Lupus Erythematosus, Rheumatoid Arthritis, Crohns disease or Psoriasis)?			Currently taking immunosuppressive drugs: oral steroids (e.g. Prednisone), drugs for autoimmune disease or drugs taken after an organ transplant?		
Chronic medical condition (chronic renal failure, chronic liver disease, or chronic heart or lung disease/Splenectomy)?			Current Medications:		
Claustrophobia (fear of closed spaces)			Are you currently pregnant?		
Family history of allergic disease (please explain)			Foreign Travel within last 12 months?		
Allergic rhinitis/conjunctivitis/ hay fever					
Asthma					
Skin diseases					
Seizures			Comments:		

I certify that I fully understand all requests for information contained on this form and I certify that the information supplied by me on this form is complete and correct to the best of my knowledge

(Signature)

Date: