

UNIVERSITY OF PITTSBURGH

BSL – 3 Update 2022

This form can be faxed to: 412-647-5051 or filled out online at –

[BSL-3 Update \(office.com\)](https://office.com)

(Last, First) Name _____		Date of Birth _____
Pitt ID# _____	OCCUPATIONAL HISTORY Current Job Duties _____ Principal Investigator _____ Or Supervisor _____	
Address _____		
City/State/Zip Code _____		
Phone ____ (____) _____		

Please update the following health information and note any changes including medications. Please fax 412-647-5051

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:		
Asthma			Are you currently pregnant?		
Skin diseases			Foreign Travel within last 12 months?		
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: