



**Princeton University Health Services
Employee Health**

Health History Form (Confidential)

Name: _____
Department: _____
Phone Number: _____
RWF Number: _____
Supervisor: _____

Date: _____
Date of Birth: _____

Status: Faculty Staff Undergraduate Student Graduate Student

Please list the animals and/or viruses with which you will be working:

Have you worked with animals or viruses before (if yes, please list which ones): Yes No

Past Medical/Surgical History (any illnesses or conditions that you have):

Medications (please list anything that you take on a regular basis):

Allergies (animal, latex, medication, environmental):

Are you pregnant, or do you plan to become pregnant in the next year? YES NO

Do you have lowered immunity because of illness/medications (i.e.- steroids)? YES NO

Have you had:

Tetanus/Diphtheria (Td) immunization?: YES NO Date: _____

Measles immunization?: YES NO Date: _____

Tuberculosis or BCG vaccination?: YES NO

Herpes simplex Type 1 or 2 infection?: YES NO

Hepatitis?: YES NO

*** Please note: Should you have any change in your health status affecting your immunity, you should make an appointment to be seen in Employee Health. If you are unsure, please call and speak with one of our health care providers at X8-5035.**