

HEALTH STATUS QUESTIONNAIRE

Name (Print):		Today's Date:	
Department/Supervisor:	SU ID#:	Work #:	
<p><i>Due to your potential work with or around infectious agents, please complete the following questionnaire. If you have any concerns about answering these questions, please feel free to contact our clinic directly.</i></p>			
	YES	NO	Comment
Are you currently moderately/severely ill with an on-going infection or illness?			
<p>Is your immune system compromised because of a disease or treatment for a disease?</p> <p><i>This includes current or recent treatment (within 6 months) with chemotherapy or radiotherapy, high doses of steroids or other drugs that affect the immune system, recent organ/bone marrow transplant, or other immune-compromising conditions.</i></p>			
Have you been diagnosed with diabetes or told you have an elevated blood sugar (glucose) level?			
Have you been diagnosed with asthma or COPD?			
Have you been diagnosed with an autoimmune disorder, such as Lupus or rheumatoid arthritis?			
Have you been diagnosed with chronic liver or kidney disease?			
Have you undergone a splenectomy (surgery to remove the spleen)?			
Are you a current smoker?			
(Female only) Are you currently pregnant or breastfeeding?			If yes, please discuss with the physician/health care provider
Signed:			