

Form A: Animal Use Physical

Name _____ Dawgtag No. _____

Date of birth _____ Sex _____

Age _____

Local address and phone _____

Principal investigator name _____

Species of animals with which you will work _____

Vaccinations/Tests

Please indicate below if and when you have had the following vaccinations / tests	Month / Year
Tetanus Diphtheria (TD)	
Rabies Immunization	
TB skin test	
Other	
Other	

Required immunizations/test with respect to animal species:

	Tetanus Diphtheria	Rabies Immunization	Tuberculin Skin Test
All vertebrate species	X		
Rabies vectors (carnivores, skunks, raccoons, bats)	X	X	
Nonhuman primates	X		X

Medical evaluation statement:

"I have evaluated the medical status of this individual, and there ___ ARE ___ ARE NOT medical conditions that would place this individual at risk if s/he is in contact with laboratory animals, nor does s/he have a medical condition that may compromise the health status of the laboratory animals. I have advised the individual that according to the above table, different vaccinations are required to work with various species of animals. This individual has received vaccinations and tests as indicted above.

Physician signature and date

This page with original signature must be given to the patient; patient will bring the signed form to Life Science III Room 1062, the Laboratory Animal Program office.

Name: _____ P.I. _____

Risk Assessment for Animal Work

Note: if you don't know the answers to these questions, please consult your P.I. BEFORE you go to the Student Health Center for your physical.

Species and Levels of Exposure

For each species proposed for use, please check the box for one of the following levels of exposure:

Level 1: Enter areas where animals are used, but no animal contact

Level 2: No live animal procedures, but handles unpreserved animal tissue or samples; and/or handles, restrains, administer treatments or drugs, collect specimens from animal in the lab, vivarium, farms, or field for **LESS** than 4 hours per week

Level 3: Handles, restrains, administer treatments or drugs, collects specimens from animals, in the lab, vivarium, farms, or field for **MORE** than 4 hours per week

Level 4: Performs regular animal husbandry and/or surgery or other invasive procedures

Species	Level of Exposure			
	1	2	3	4
Laboratory mice				
Laboratory rats				
Naked mole rats				
Cats				
Dogs				
Ferrets				
Rabbits				
Guinea Pigs				
Hamsters				
Non-Human Primates				
Skunks				
Armadillos				
Fish				
Coyotes				
Deer				
Wild Mice/Wild Rats				
Amphibians				
Reptiles				
Horses				
Cattle				
Swine				
Sheep				
Goats				
Chickens				

Biological Hazard Exposure in Animal Work or Housing

Agents administered to animals – Name agent

Viruses: _____

Bacteria: _____

Yeasts: _____

Molds: _____

Protozoa: _____

Chemical Hazard Exposure in Animal Work or Housing – check all items used

_____ Anesthetic gases

_____ Compressed gases in tanks

_____ Controlled substances

_____ Toxins, Carcinogens, Mutagens

_____ Corrosives

Physical Hazards Exposure in Animal Work or Housing – check all items encountered

_____ Repetitive motion

_____ Excessive noise (communication within 2 feet distance requires shouting)

_____ Lifting in excess of 50 pounds

_____ High temperatures and/or high humidity

_____ Outdoor field collection/study/trapping work

_____ Ladder use

_____ High temperature/high pressure devices

_____ Hand or electric tool use, grinding, chipping, sawing

Form B

Medical History Form

CONFIDENTIAL – Do Not Return to Lab Animal Program

Instructions: Fill out the personal information below. When the form is completed, make an appointment with a medical care provider and take the form with you to the appointment.

Graduate and undergraduate students should make an appointment with Student Health Services for their physical.

Faculty, staff or visitors having significant contact with vertebrate animals may be seen at Student Health Services for this routine physical. A university account number can be used to cover the expense of the physical if provided to Student Health Services at the time of appointment. Alternatively, faculty, staff, or visitors can make an appointment with their primary physician and pay their normal co-pay.

Name: _____

Last 4 digits of Dawg Tag: _____ Today's Date: _____

Department/Unit: _____

Position: Faculty Staff Graduate Student Undergraduate Student

Check one

Visitor Other Describe _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Do you have any of the following allergies?

Note: Types of Reaction include hives, rash, difficulty breathing, and anaphylaxis

Drugs:

Penicillin No Yes Type of Reaction: _____

Sulfa No Yes Type of Reaction: _____

Erythromycin No Yes Type of Reaction: _____

Environmental :

Pollen No Yes Type of Reaction: _____

Animal Dander No Yes Type of Reaction: _____

Stinging Insects No Yes Type of Reaction: _____

Latex No Yes Type of Reaction: _____

Mold No Yes Type of Reaction: _____

Food No Yes Type of Reaction: _____

Do you have any of these chronic medical illnesses?

High Blood Pressure Y N

Angina Y N

Asthma Y N

Heart Disease Y N

Emphysema Y N

Diabetes Y N

Irritable Bowel Syndrome Y N

Hearing Problems Y N

Tuberculosis Y N

COPD Y N

Do you have any of these physical limitations?

Back problems Y N Explain: _____

Tendon or joint problems Y N Explain: _____

Shortness of breath on exertion Y N Explain: _____

Visual limitations Y N Explain: _____

Do you take daily medications?

Medication: _____ Dosage _____

Medication: _____ Dosage _____

Medication: _____ Dosage _____

Are you pregnant, or do you plan to become pregnant within the next 12 months?

Yes No N/A

Are you under a doctor's care for any other medical conditions that have not been listed above?

No Yes Explain: _____

This form is to be left at the Student Health Center. Do NOT return Form B to the Laboratory Animal Program.