

# PART A.

## SIUC IACUC MEDICAL HISTORY FORM

This form is required as part of the Occupational Health and Safety Program at SIUC for persons who have contact with animals used for research, teaching or testing.

Faculty \_\_\_\_\_  
Staff \_\_\_\_\_  
Student \_\_\_\_\_  
Visitor \_\_\_\_\_

Name \_\_\_\_\_ DAWG Tag/ID # \_\_\_\_\_  
(Last) (First) (Middle)  
Local Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Street) (City) (State)  
Department \_\_\_\_\_ Job Title \_\_\_\_\_ Work Phone \_\_\_\_\_

INVESTIGATOR'S NAME \_\_\_\_\_

Animal species I will work with: \_\_\_\_\_

### Vaccinations/Tests Record

Please indicate below if and when you have had the following vaccinations and tests.

	Mo/Yr	Other	Mo/Yr
1. Tetanus Toxoid		4.	
2. Rabies immunization		5.	
3. TB (skin tests)		6.	

### Required immunizations/tests with respect to animal species:

	Tetanus Toxoid	Rabies Immunization	Tuberculin Skin Test
All vertebrate species	X		
Potential rabies vectors (ex. foxes, bobcats, coyotes, skunks, raccoons and bats)	X	X	
Nonhuman primates	X		X

### MEDICAL EVALUATION

I have evaluated the medical status of this individual and certify with my signature below that there are no medical conditions that would place this individual at risk if he/she is in contact with laboratory animals nor does he/she have a medical condition that may compromise the health status of the laboratory animals. I have reviewed and advised the individual regarding vaccinations and tests requirements according to the above table, This individual has received all species-appropriate vaccinations and tests.

Comments: \_\_\_\_\_

\_\_\_\_\_  
(Physician's signature, printed name & address)

\_\_\_\_\_  
(Date)

### RESEARCHER'S ASSURANCE

To my knowledge I have no medical condition that would be aggravated by my contact with laboratory animals nor do I have any condition that would be deleterious to the laboratory animals. I understand that **it is my responsibility to return a completed copy of Part A. of this form to: Director, SIUC Laboratory Animal Program, Rm 1062, Life Science III, MC 6506**, for their records *prior* to beginning any work with animals. My signature below is my approval to give me a copy of this form.

\_\_\_\_\_  
(Researcher's signature)

\_\_\_\_\_  
(Date)

Original to patient record

Copy of SIUC IACUC MEDICAL HISTORY Form to patient for return to: Director, Laboratory Animal Program, Rm 1062, Life Science III, MC 6506

### BILLING

BP# \_\_\_\_\_ Fiscal Officer \_\_\_\_\_

\_\_\_\_\_  
(Fiscal officer signature)

# Part B.

## PERSONAL HEALTH HISTORY (to be filled out by researcher)

2. Infections and allergies can place you and/or the laboratory animals at risk for health problems. Do you have any of the following conditions?

	Yes	No	Explain		Yes	No	Explain
1. Asthma				6. Bronchitis			
2. Hay fever				7. Pneumonia			
3. Sinus infection				8. Tuberculosis			
4. Animal allergies				9. Chronic diarrhea			
5. Other allergies				10. Other infections/ contagious diseases			

3. Physical limitations may interfere with your ability to lift cages or other equipment and supplies, to stand for long periods of time, to visually monitor the animals or to handle aggressive animals. Do you have any of the following conditions?

	Yes	No	Explain
1. Back problems			
2. Tendon, ligament or joint problems			
3. Shortness of breath on exertion			
4. Heart problems			
5. Visual limitations			
6. Major surgery complications			

4. Pregnant women need to be careful when coming into contact with some species of animals. Are you pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Do you have any of the following conditions that might place you at risk when working around equipment or animals?

	Yes	No	Explain
1. Dizziness			
2. Severe headaches			
3. Insulin dependent diabetes			

6. Are you currently taking medications or are you under a doctor's care for any other medical conditions that have not been asked about? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, explain: