

Instructions: All personnel who will be working with animals on Institutional Animal Care and Use Committee protocols must complete this medical evaluation.

Part 1: Personal Information

| | |
|---------------|---------------|
| Name | Email Address |
| PI/Supervisor | Department |

Part 2: Species to be Used (check all that apply)

Amphibians

Dogs

Marsupials

Rodents

Bats

Fish

Mustelidae

Other: _____

Birds

Horses

Reptiles

Part 3: Certification

My signature below certifies that all of the questions in Parts 4, 5, and 6 on this form are answered truthfully and to the best of my knowledge.

Select one option below:

☐ I authorize the GVSU Office of Research Compliance and Integrity to send this completed form to a medical provider for review and approval. I will email the completed form to rci@gvsu.edu or return it to 049 JHZ (in-person or via mail).

☐ I will take or send this form via campus mail to the GVSU Campus Health Center (10383 42nd Ave Ste A, Allendale) or to another medical provider of my choosing.

Signature_____
Date**Part 4: Medical Professional Review**

Based upon my review of the information provided in the questionnaire and the potential risks associated with involvement in animal-related research, it is my professional opinion that:

☐ This individual may participate in GVSU's Animal Care and Use Program for work with the species identified above.

☐ This individual may not participate in GVSU's Animal Care and Use Program.

☐ This individual may participate in GVSU's Animal Care and Use Program with the following conditions: _____

☐ A physical examination is necessary prior to granting approval.

(Medical Professional Name, Title)_____
(Signature)_____
(Date)

Medical Reviewer: Please return a signed copy of Page 1 (ONLY) to GVSU's Office of Research Compliance and Integrity, 1 Campus Drive, 049 JHZ, Allendale, MI 49401, rci@gvsu.edu, phone: 616-331-3197.

Part 5: Risks from Animal Exposure

a. Enter your age:

b. Work scope - Check all that apply

| |
|--|
| I will be working on an approved animal use protocol and will be handling animals |
| I will not be handling animals but will be working in areas where animals are housed |
| I will be working in animal biohazard areas |
| I will be involved in animal husbandry |
| I will be working with human specimens in conjunction with animal studies |
| Other: |

c. List animals or animal body fluids that you will be exposed to (check if field study of wild animal):

Field Study

Field Study

1. _____ 3. _____

2. _____ 4. _____

d. Other hazards – Check appropriate occupational exposure associated with animal study

| |
|--|
| Biological Hazards – Specify agent or hazard level: |
| Chemical Agents – carcinogens, acute or chronic toxicity (attach MSDS) |
| Chemical Agents – reproductive hazards (attach MSDS) |
| Radioactive Agents |
| Heavy lifting or repetitive motion |
| Respiratory hazards |
| Other: |

e. Personal Protective Equipment – Check all PPE used when working with animals

| | |
|---------------------|-------------------------|
| Gloves | Hearing Protection |
| Protective clothing | Respirator or dust mask |
| Safety | Other: |

Part 6: Health History and Medical Evaluation

a. Home Environment – List any recent or current indoor pets

| Species | How long (years) |
|---------|------------------|
| | |
| | |

b. Are you immune compromised? ☐ Yes ☐ No

If yes, explain: _____

c. Allergic symptoms –

1. Do you believe you are allergic to animals? ☐ Yes ☐ No

If yes, what species? _____

2. Have you ever been told by a doctor that you had allergies? ☐ Yes ☐ No

If yes, what are you allergic to? _____

3. Have you ever been skin tested for allergies? ☐ Yes ☐ No

If yes, what were you allergic to? _____

4. Have you ever received allergy shots? ☐ Yes ☐ No

5. Has a doctor ever said you have asthma? ☐ Yes ☐ No

If yes, when did it start (year)? _____; Do you take medication for asthma? ☐ Yes ☐ No

6. Do you smoke? ☐ Yes ☐ No

7. Indicate whether you have the following allergic symptoms and, if present, the approximate year of onset.

| Symptom | Present | Year |
|-----------------------|---------|------|
| Asthma | | |
| Chest Tightness | | |
| Cough | | |
| Difficulty swallowing | | |
| Eczema | | |
| Frequent colds | | |
| Hay fever | | |
| Hives | | |
| Itchy eyes | | |

| Symptom | Present | Year |
|-----------------------|---------|------|
| Nose congestion | | |
| Runny nose | | |
| Shortness of breath | | |
| Sinus problems | | |
| Skin rash | | |
| Sneezing | | |
| Sputum production | | |
| Swelling of eyes/lips | | |
| Wheezing | | |

Part 7: Immunizations

a. Have you had a Tetanus-diphtheria (dT) booster within the last 10 years? ☐ Yes ☐ No ☐ Don't Know

If yes, provide the approximate date: _____

b. List any additional immunizations you have received other than childhood series

| Immunization | Date |
|--------------|------|
| | |
| | |
| | |

Part 8: Other

If you have any additional information to provide that might affect your ability to work with the selected species, please indicate that here.
