



*This two-part form should be completed by individuals prior to working in live vertebrate animal areas. Page 1 of this form is confidential and should be completed and submitted to a medical professional; L&C students may submit to Student Health Services during the academic year. Only Page 2 of this form (Approval Status or Opt Out) should be returned to the IACUC or SPARC Office.*

**1**

Researcher Information			
First Last Name	LC ID	Email	Phone
Role in Laboratory	Supervisor	Lab Name	

**2**

Animal Species	Level of Animal Contact
Zebrafish    Rats    Other (explain below)	Tier 1: PI, technician, lab members (conducting procedures) Tier 2: Feeder, others as designated by PI (minimal handling) Tier 3: Students in courses involving animals (minimal handling) Tier 4: Temporary visitors to animal facilities (observation only)

**3**

Questions	YES	NO
1. Have you previously had a TB screen? If yes, please provide date: If yes, what were the results?      Positive      Negative Practitioner notes:  TB screen: Skin Test      IGRA      Screen date:      Results: Positive      Negative		
2. Have you had a tetanus vaccination? If yes, please provide date of most recent tetanus shot:  Practitioner notes:  Tetanus (out of date/unknown)      Date given:		
3. Have you had rabies vaccine? If yes, please provide date:		
4. Have you ever had allergies (including medicine and food-- <b>particularly shellfish</b> ) or asthma? If yes, please describe below:		
5. Do you have or have you ever had any skin conditions? If yes, please describe below:		
6. Are you immuno suppressed? (Do you have a health condition that weakens your immune system?) If yes, please describe:		
7. Have you ever had your spleen removed? If yes, please provide date:		
Please describe any other health conditions you think may be pertinent to working with animals:		
Signature	<b>For Medical Practitioner use only:</b>	
Date		



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**4 Approval: Medical Practitioner Use only**

Researcher First Last Name	Following a review of the completed Health Questionnaire, your medical clearance status is: Approved      Not Approved      Date:  Information to be conveyed to IACUC/PI:
Medical Practitioner Name	
Medical Practitioner Signature	
Medical Practitioner Email	

**5** Individuals who do **not** have frequent or substantial animal contact may decline to participate in this medical review and related services by signing below. [Individuals who will have frequent or substantial contact with animals **may not opt out.**] By signing below I confirm that I 1) will not have frequent or substantial contact with animals, 2) understand the possible risks of the laboratory animal facility, and 3) decline the medical services offered to me.

Opt Out		
First Last Name	Signature	Date