



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 If yes, please provide date of most recent tetanus shot: Practitioner notes: Tetanus (out of date/unknown) Date given:		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-- particularly shellfish) 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	For Medical Practitioner use only:	
Date		



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.

4 Approval: Medical Practitioner Use only

Researcher First Last Name	Following a review of the completed Health Questionnaire, your medical clearance status is: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Approved Not Approved Date: </div> Information to be conveyed to IACUC/PI:
Medical Practitioner Name	
Medical Practitioner Signature	
Medical Practitioner Email	