

Part A.

Southern Illinois University Edwardsville Institutional Animal Care and Use Committee MEDICAL HISTORY FORM *This form is required as part of the Occupational Health and Safety Program at SIUE for persons who have contact with live vertebrate animals used in any study, project, or instructional activity. Note: SIUE CANNOT REIMBURSE YOUR MEDICAL*

Faculty _____
 Staff _____
 Student _____
 Student Worker _____
 Graduate Assistant _____

Name _____ 800 # _____ Date _____
 (Last) (First) (Middle)
 Local Address _____ Cell/Home Phone _____
 (Street) (City) (State)
 Department _____ Job Title _____ Work Phone _____
 SIUE Email Address: _____
 Faculty Advisor/Project Investigator name (if applicable): _____
 Animal species I will work with (list common name): _____

TO BE COMPLETED BY PHYSICIAN OR LICENSED HEALTH CARE PROVIDER VACCINATIONS/TESTS

1. Please indicate below if and when patient had the following vaccinations.

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

Required immunizations/tests with respect to animal species:

	Tetanus Diphtheria TD	Rabies Immunization	Tuberculin Skin Test
• All vertebrate species	X		
• Potential rabies vectors (ex. carnivores, skunks, raccoons and bats)	X	X	
• Nonhuman primates	X		X

MEDICAL EVALUATION – CHECK ONE BOX BELOW

I have evaluated the medical status of this individual and there are are no medical conditions that would place this individual at risk if he/she is in contact with laboratory or wild animals nor does he/she have a medical condition that may compromise the health status of the 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 indicated above. Individuals may formally refuse receipt of immunization(s) by completing a declination form available at <http://www.siu.edu/orp/forms.shtml#animal>.

Comments: _____

 (Physician's signature)

 (Printed name & address)

 (Date)

TO BE COMPLETED BY PATIENT (signature required twice below)

To my knowledge I have no medical condition that would be aggravated by my contact with laboratory or wild animals nor do I have a malady that would be deleterious to the laboratory animals. I understand that it is my responsibility to return a completed copy of **Part A only** of this form to the SIUE, Office of Research & Projects, Room 2202 Rendleman Hall, Campus Box 1046, Edwardsville, IL 62026-1046 for their records prior to beginning any work with animals. My signature below is my approval to provide a copy of this form to the SIUE IACUC.

 (Patient signature)

 (Date)

HIPAA Waiver

Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)

I agree to voluntarily provide and to allow the SIUE Office of Research & Project the right to review and maintain a copy of my Health History Form for the purpose of working with and/or caring for animals used for research & instruction at SIUE as required by the Public Health Services Policy for Humane Care & Use of Laboratory Animals. This authorization shall be in force and effect until _____ (date or event) at which time this authorization expires. I understand that I have the right to revoke this authorization in writing at any time.

 (Patient signature)

 (Date)

Copy to patient record

Original of SIUE IACUC MEDICAL HISTORY Form to patient for return of Part A ONLY to: IACUC Coordinator, SIUE, Room 2202 Rendleman Hall, Box 1046, Edwardsville, IL 62026-1046
 12/10/14

Part B.

PERSONAL HEALTH HISTORY (to be filled out by patient)

Do NOT return this copy to SIUE.

2. Infections and allergies can place you and/or the 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			
7. Other			

4. Pregnant women need to be careful when coming into contact with some species of animals. Are you pregnant? Yes _____ No _____ Are you planning to become pregnant during the duration of your contact with the animals? 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			
4. Other			

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: _____

SIUE CANNOT REIMBURSE YOUR MEDICAL COSTS.

Portions of this form were shared by SIU Carbondale

Copy to patient record

Original of SIUE IACUC MEDICAL HISTORY Form to patient for return of Part A ONLY to: IACUC Coordinator, SIUE, Room 2202

Rendleman Hall, Box 1046, Edwardsville, IL 62026-1046

12/10/14