



*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 If yes, please provide date of most recent tetanus shot:  Practitioner notes:  Tetanus (out of date/unknown)      Date given:		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? If yes, please describe below:		
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** Any individual declining to participate in this medical review and services offered may opt out by signing below. I understand the possible risks of the laboratory animal facility, but decline the medical services offered to me.

Opt Out		
First Last Name	Signature	Date