

STONEHILL COLLEGE

Occupational Health and Risk Assessment Form Institutional Animal Care and Use Committee

The information requested in this questionnaire about your health status will be used only to determine your level of risk and need to participate in medical evaluation. Your responses to this questionnaire are considered confidential and will be treated as such; they will be reviewed by the IACUC administrator in consultation with Occupational Health (staff) or Health Services (students) if there is a concern or perceived risk. Please return this form to hyu@stonehill.edu or mail to Heather Yu, room 217 Shields Science Center, Stonehill College, Easton, MA, 02357.

Date: _____
Last Name: _____ First Name: _____
Gender: M ___ F ___ Date of Birth: _____ Email: _____
Mailing Address: _____
Visitor: ___ Student: ___ Staff: ___ Faculty: ___
Principal Investigator: _____
Department: _____
Projected duration of project/duties involving animals: _____

Animal Contact at Stonehill College (Includes holding, feeding, cleaning or handling of unfixed tissues.)

___ Lab or Wild Amphibians ___ Lab or Wild Birds
___ Lab or Wild Fish ___ Lab or Wild Rodents ___ Other (list) _____

What kinds of animal contact will you have in your affiliation with Stonehill College? (Check all that apply)

___ No direct contact (visitor, facilities, Campus Police, etc)
___ Less than 8 hours a week ___ More than 8 hours a week
___ Laboratory animals: Minimal contact (handling, cleaning, feeding, no invasive procedures)
___ Laboratory Animals: Performing invasive procedures (e.g., injections, surgery, gavage feeding, necropsy)
___ Laboratory Animals: Inoculating with infectious agents. Please list agents: _____
___ Wildlife Species: Minimal contact (collecting, feeding, observations, etc)
___ Wildlife Species: Working directly with species that may be infected with agents infectious to humans (e.g., Hantavirus, West Nile Virus, etc.) Please list agents: _____
___ Wildlife Species: Performing invasive procedures (e.g., tagging, injections, tissue collections, surgery, etc.)

Medical History: Do you have any of the following? (Check all that apply)

___ Allergies to animals ___ Chronic Health Problem such as diabetes
___ Asthma ___ Condition treated with oral corticosteroids
___ Immune Deficiencies ___ Absence of your spleen
___ Kidney or liver disease ___ Valvular Heart Disease

Are you allergic to?

___ Dogs ___ Guinea Pigs ___ Grasses
___ Cats ___ Birds ___ Trees
___ Rabbits ___ Farm animals ___ Latex
___ Rats or mice ___ Chemicals ___ Other _____

PLEASE NOTIFY THE IACUC AT STONEHILL COLLEGE SHOULD YOUR ANIMAL CONTACT OR HEALTH STATUS CHANGE IN THE FUTURE AS YOU WILL NEED TO COMPLETE AN UPDATED MEDICAL HEALTH RISK ASSESSMENT FORM AT THAT TIME.

For Office Use Only

Date Reviewed: _____ by _____