

**STONEHILL
COLLEGE**

**Medical Health and Risk Assessment Form
Institutional Animal Care and Use Committee**

Name: _____ Date: ____/____/____

Male/Female: _____ DOB: _____ Phone#: _____

Mailing Address: _____

Email: _____

Faculty/staff: College ID # _____

Staff members must include a job description when submitting this form.

Students: Student ID # _____

Supervisor's Name: _____

Mark the species with which you have contact

Includes holding, feeding, cleaning or handling of unfixed tissues.

____ Frogs ____ Ferrets ____ Pigeons ____ Salamanders

____ Hamsters ____ Fish ____ Rodents ____ Other _____

Please describe the nature of your contact including number of hours of exposure per week and weeks per semester:

Your Health History

Date of last Tetanus booster: ____/____/____

Do you now have or have you had any of the following? (Mark all that apply)

Present	Past	Present	Past
<input type="radio"/>	<input type="radio"/> Allergies/Hay Fever	<input type="radio"/>	<input type="radio"/> Rheumatoid Arthritis
<input type="radio"/>	<input type="radio"/> Asthma	<input type="radio"/>	<input type="radio"/> Connective Tissue Disease
<input type="radio"/>	<input type="radio"/> Allergic Dermatitis/hives	<input type="radio"/>	<input type="radio"/> Immune Deficiency
<input type="radio"/>	<input type="radio"/> Anaphylaxis	<input type="radio"/>	<input type="radio"/> Cancer/Malignancy
<input type="radio"/>	<input type="radio"/> Splenectomy	<input type="radio"/>	<input type="radio"/> Chemotherapy

Females Only:

Are you pregnant? Y or N

Please explain the illnesses marked above (date, treatment, complications, etc.)

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List all of your current medications and dosage, if known:

Do you have specific concerns regarding your health relating to the handling of laboratory animals?

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.

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The usefulness of this form in protecting you and your environment from hazards depends on the accuracy of the information you submit. A letter including health and safety recommendations involving your work with animals will be forwarded to you. If you are a faculty or staff member, the letter will be copied to the Stonehill College Department of Human Resources.

PLEASE READ AND SIGN BELOW

I authorize the Stonehill College Student Health Center (“Health Center”) and the Stonehill Occupational Health or my health care provider (“provider”) to release to the Stonehill College IACUC and, if I am not a student employee, to the Stonehill College Department of Human Resources, any information in my medical record that pertains to my proposed work with animals through the Stonehill College IACUC and any restrictions that may relate to that work. This information is being released solely for the purpose of informing those offices of my eligibility to work with animals during my employment there. I understand that I have the right to revoke this authorization in writing to the Health Center, to Occupational Health, or to my provider, as appropriate. I understand that while the Stonehill College IACUC and the Stonehill College Department of Human Resources will make every effort to keep my information private, it is possible that some of this information may be subject to re-disclosure without my authorization.

Signature: _____ Date: _____

Please return to IACUC (researchers/staff) or Stonehill College Health Services (students). Staff members must include a job description with this form.

For Office Use Only

Date Reviewed: _____ by _____

Recommendations: