HEALTH ASSESSMENT REPORT TO Animal Care

Category A

For Employee/Student: I certify that the information I gave Health-care providers at Birkham Health Center is accurate to the best of my knowledge. I understand that my risk assessment and clearance to work in the Animal Care Facility is based on the information I disclosed to healthcare providers, and that my risk assessment must be re-evaluated if the scope of my work changes, knowledge of my health status changes, or if 3 years have passed since my last screening.

Employee/Student Signature

Name ______________________________________________________________________ Date ______________________________________________________________________

(Please print name) ______________________________________________________________________

__________________________________________________________________________________

Birkham Office Use only below ______________________________________________________________________

As a healthcare provider who has evaluated a health assessment of the student or employee listed above who will be working with animals, I certify that (check one):

☐ After a review of the information disclosed by the student/employee, no existing health condition has been identified that could alter the individual's exposure risk profile and therefore a physical is not warranted at this time.

OR

☐ A health condition exists that affects the individual's exposure-risk profile which warrants a physical, and it has been determined that the risk can be minimized or eliminated. The individual must take the following precautions or preventive measures (e.g., vaccinations; wearing gloves, masks, etc.; avoiding contact with certain species) to minimize or avoid the risks:

__________________________________________________________________________________

__________________________________________________________________________________

OR

☐ A health condition exists that affects the individual's exposure-risk profile that cannot be eliminated or minimized and the individual is not cleared to work with the animals.

Health Care Provider Signature ____________________________

Name ______________________________________________________________________ Date ______________________________________________________________________

(Please print name) ______________________________________________________________________

Return completed form to:
Animal Care Facility Coordinator Richard Marble, RLATG
Mail: PHR 105
I certify that I will ONLY have contact with aquatic species, fresh tissues/body fluids/ from non-biohazardous animals or enter the animal facility for observation ONLY of animal procedures.

I certify that I am required to have access to the animal facility as part of maintenance, construction or repair functions and will not handle animals.

I understand that by declaring that I will have limited animal exposure, my access to the animal facility may be restricted.

I also agree to notify the IACUC and the Occupational Health Program Coordinator if my anticipated exposure category level should change.

I understand that I may submit an annual Medical & Occupational History Form (to comply with Category A requirements) at any time.

I certify that any information I gave to staff at the Animal Care Facility or Birkam Health Center is accurate to the best of my knowledge. I understand that my risk assessment and clearance to work in the Animal Care Facility is based on the information I disclose to healthcare providers, and that my risk assessment must be re-evaluated if the scope of my work changes, knowledge of my health status changes, or if 3 years have passed since my last screening.

Indicate status:  □ Faculty  □ Undergraduate Student  □ Technician/Staff  □ Visiting Faculty

Employee/Student Signature

Name ____________________________________________________________________________ Date ____________________________________________________________________________

(Please print name) ____________________________________________________________________________

Return completed form to:
Animal Care Facility Coordinator  Richard Marble, RLATG
Mail : PHR 105