

Instructions: All personnel who will be working with animals on Institutional Animal Care and Use Committee protocols must complete this medical evaluation.

Part 1: Personal Information

Name	Email Address
PI/Supervisor	Department

Part 2: Species to be Used (check all that apply)

Amphibians

Dogs

Marsupials

Rodents

Bats

Fish

Mustelidae

Other: _____

Birds

Horses

Reptiles

Part 3: Certification

My signature below certifies that all questions on this form are answered truthfully and to the best of my knowledge.

Select one option below:

- ☐ I authorize the GVSU Office of Research Compliance and Integrity to send this completed form to a medical provider for review and approval. I will email the completed form to rci@gvsu.edu or return it to 049 JHZ (in-person or via mail).
- ☐ I will take or send this form via campus mail to the GVSU Campus Health Center (10383 42nd Ave Ste A, Allendale) or to another medical provider of my choosing.

Signature_____
Date**Part 4: Medical Professional Review (To be completed by medical professional)**

Based upon my review of the information provided in the questionnaire and the potential risks associated with involvement in animal-related research, it is my professional opinion that:

- ☐ This individual may participate in GVSU's Animal Care and Use Program for work with the species identified above.
- ☐ This individual may not participate in GVSU's Animal Care and Use Program.
- ☐ This individual may participate in GVSU's Animal Care and Use Program with the following conditions: _____
- ☐ A physical examination is necessary prior to granting approval.

(Medical Professional Name, Title)_____
(Signature)_____
(Date)

Medical Reviewer: Please return a signed copy of Page 1 (ONLY) to GVSU's Office of Research Compliance and Integrity, 1 Campus Drive, 049 JHZ, Allendale, MI 49401, rci@gvsu.edu, phone: 616-331-3197.

Part 5: Risks from Animal Exposure

a. Enter your age:

b. Work scope - Check all that apply

I will be working on an approved animal use protocol and will be handling animals
I will not be handling animals but will be working in areas where animals are housed
I will be working in animal biohazard areas
I will be involved in animal husbandry
I will be working with human specimens in conjunction with animal studies
Other:

c. List animals or animal body fluids that you will be exposed to (check if field study of wild animal):

Field Study

Field Study

1. _____

3. _____

2. _____

4. _____

d. Other hazards – Check appropriate occupational exposure associated with animal study

Biological Hazards – Specify agent or hazard level:
Chemical Agents – carcinogens, acute or chronic toxicity (attach MSDS)
Chemical Agents – reproductive hazards (attach MSDS)
Radioactive Agents
Heavy lifting or repetitive motion
Respiratory hazards
Other:

e. Personal Protective Equipment – Check all PPE used when working with animals

Gloves	Hearing Protection
Protective clothing	Respirator or dust mask
Safety glasses/goggles/face shield	Other:

Part 6: Health History and Medical Evaluation

a. Home Environment – List any recent or current indoor pets

Species	How long (years)

b. Are you immune compromised? ☐ Yes ☐ No

If yes, explain: _____

c. Allergic symptoms –

1. Do you believe you are allergic to animals? ☐ Yes ☐ No

If yes, what species? _____

2. Have you ever been told by a doctor that you had allergies? ☐ Yes ☐ No

If yes, what are you allergic to? _____

3. Have you ever been skin tested for allergies? ☐ Yes ☐ No

If yes, what were you allergic to? _____

4. Have you ever received allergy shots? ☐ Yes ☐ No

5. Has a doctor ever said you have asthma? ☐ Yes ☐ No

If yes, when did it start (year)? _____; Do you take medication for asthma? ☐ Yes ☐ No

6. Do you smoke? ☐ Yes ☐ No

7. Indicate whether you have the following allergic symptoms and, if present, the approximate year of onset.

Symptom	Present	Year
Asthma		
Chest Tightness		
Cough		
Difficulty swallowing		
Eczema		
Frequent colds		
Hay fever		
Hives		
Itchy eyes		

Symptom	Present	Year
Nose congestion		
Runny nose		
Shortness of breath		
Sinus problems		
Skin rash		
Sneezing		
Sputum production		
Swelling of eyes/lips		
Wheezing		

Part 7: Immunizations

a. Have you had a Tetanus-diphtheria (dT) booster within the last 10 years? ☐ Yes ☐ No ☐ Don't Know

If yes, provide the approximate date: _____

b. List any additional immunizations you have received other than childhood series

Immunization	Date

Part 8: Other

If you have any additional information to provide that might affect your ability to work with the selected species, please indicate that here.
