Obtaining Your Animal Lab Health Clearance

Instructions for MHC Students

1. Complete the attached Questionnaire and bring it to the Health Center or submit it: via fax at 413-538-2352, email at medical-records@mtholyoke.edu or upload via the MyHealthConnection portal at https://mtholyokeportal.pointnclick.com/
2. If Health Center staff have any questions, or need additional information about your medical history, they will reach out to you.
3. If at any time during the school year there is a change in your health please report it to Health Services immediately and ask them if your Lab Clearance should be re-evaluated. This includes temporary changes to health such as pregnancy or decreased immunocompetence as a result of disease or medications.
4. If you have any questions regarding this process please contact Cheryl McGraw at cmcgraw@mtholyoke.edu or 413-538-2844.

PLEASE NOTE: NIH recommends that all animal care personnel be immunized against tetanus. CDC recommends that adults receive the tetanus vaccine every 10 years. Health Service can provide a tetanus shot to any student requesting it. Students who have SHIP have it covered at no cost. Students with private insurance can pay for it and seek reimbursement from their insurance company. Additionally, any student can seek a vaccine off campus from their own provider who bills insurance, from a pharmacy or a local health department.

MOUNT HOLYOKE COLLEGE IACUC STUDENT HEALTH CLEARANCE FORM

Name:	Date:
Major:	Date of Birth:
Email:	Phone:

ROLE

☐ Class Name: _____ with Professor: _____

☐ Lab Research working in which faculty member's Lab: _____

☐ Animal Care Assistant supervised by: _____

ANIMAL/TISSUE EXPOSURE

☐ Rodents (mice, rats)
☐ Reptiles
☐ Other: _____
☐ Frogs
☐ Fish

FREQUENCY OF CONTACT

☐ Daily
☐ 1-3 times per week
☐ 1-3 times per month
☐ Infrequent (0-6 times per year)

FACILITIES

Will you need access to an animal housing facility? ☐ No ☐ Yes

If yes, which location(s)?

☐ Carr ☐ BSL-2 access required
☐ Reese
☐ Clapp

HEALTH HISTORY

Do you currently have, or have you ever, had any of the following:

☐ No ☐ Yes ☐ Unknown	Asthma, COPD, or other chronic respiratory conditions/diseases
☐ No ☐ Yes ☐ Unknown	Environmental allergies (e.g. pollen, mold, dust)
☐ No ☐ Yes ☐ Unknown	Skin allergies (e.g. reaction to latex)
☐ No ☐ Yes ☐ Unknown	Allergies after exposure to animals or their cages/bedding, including sneezing, running/stuffy nose, watery/itchy eyes, coughing, wheezing, shortness of breath, or skin rash/hives.
☐ No ☐ Yes ☐ Unknown	Tick-borne diseases
☐ No ☐ Yes ☐ Unknown	Salmonella, MRSA, or fish-handlers' infections

Health history continues on following page

HEALTH HISTORY (continued)	
☐ No ☐ Yes ☐ Unknown	Diabetes
☐ No ☐ Yes ☐ Unknown	Anaphylaxis
☐ No ☐ Yes ☐ Unknown	Splenectomy
☐ No ☐ Yes ☐ Unknown	Rheumatoid Arthritis
☐ No ☐ Yes ☐ Unknown	Connective Tissue Disease (i.e. Lupus)
☐ No ☐ Yes ☐ Unknown	Immune Deficiency
☐ No ☐ Yes ☐ Unknown	Cancer/Malignancy
☐ No ☐ Yes ☐ Unknown	Chemotherapy

If you responded yes to any of the preceding, please explain:

MEDICATIONS & IMMUNIZATIONS

Do you currently take any biologic or immunosuppressant medications? ☐ No ☐ Yes

If yes, please list: _____

Please list all other medications: _____

Please indicate which immunizations you have received and ***submit a copy of your immunization records.***

☐ Tdap ☐ Tetanus (in the past 10 years) Date of last tetanus booster: __/__/____

☐ Hepatitis B ☐ Rabies

☐ Other (please specify): _____

Do you wear a respirator for any reason?	☐ No	☐ Yes
Would you like to be fitted for a respirator before working with animals? (requires enrollment in respirator fitting program)	☐ No	☐ Yes
Do you have any concerns regarding your health, relating to the handling of laboratory animals?	☐ No	☐ Yes

Please specify: _____

I authorize the Mount Holyoke College Health Services or my healthcare provider ("provider") to release to the Mount Holyoke College Institutional Animal Care and Use Committee and to the Mount Holyoke College Department of Human Resources any information in my medical record that pertains to my proposed work with animals 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, laboratory research and/or coursework. I understand that I have the right to revoke this authorization in writing to Health Services or to my provider, as appropriate. I understand that while the Mount Holyoke College Institutional Animal Care and Use Committee and the 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: _____

For Office Use Only		
Reviewed by:	Date:	Recommendations: