MOUNT HOLYOKE ANIMAL LAB HEALTH QUESTIONNAIRE

Name	Date
Department/Major	Supervisor
Email	Phone
Are you enrolled in an IACUC protocol? ☐ No ☐ Yes	If yes, what protocol number?

ROLE		
	☐ Principal Investigator	☐ Post-graduate/Fellow
	☐ Animal Care Technician	☐ Departmental/Lab Staff
	☐ Student	☐ Other:

ANIMAL/TISSUE EXPOSURE

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

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.

If you responded yes to the previous question, how often and to which animals?

Health history continues on following page

HEALTH HISTORY (continued)			
☐ No	☐ Yes	☐ Unknown	Tick-borne diseases
☐ No	☐ Yes	☐ Unknown	Salmonella, MRSA, or fish-handlers' infections
☐ No	☐ Yes	☐ Unknown	Diabetes
☐ No	☐ Yes	☐ Unknown	Anaphylaxis If yes, source:
☐ 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

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 (within the past 10 years) Date of last booster:

☐ Hepatitis B ☐ Rabies

☐ Other (please specify):

Do you wear a respirator at work?	☐ 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 and AEIOU Occupational Health 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 there. 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 Institutions 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: