**Complete this form and email to Kelly Zapata at** [**OccupationalMedicine@tuftsmedicine.org**](mailto:OccupationalMedicine@tuftsmedicine.org)

|  |  |  |
| --- | --- | --- |
| **Last Name:** | **First Name:** | **Middle Initial:** |
| **Email address:** | | |
| **Phone Number:** | | |
| **Job Title/Dept.:** | | |
| **Principal Investigator (PI)/Supervisor Name & Email Address:** | | |
| **What research animal species will you possibly have contact with?**  Rodent (Mouse/Rat)  Rabbit/Guinea Pig  Other live animals; list here:  None (personnel: IACUC member, facilities, EHS etc.) | | |

1. **Allergy History** - **Allergic reactions include - skin rash, watery/itchy red eyes, runny nose, wheezing or chest discomfort, shortness of breath, etc. Are you allergic to:**

Animals:  No  Yes: describe which animal(s) and nature of allergic reaction:

Latex:  No  Yes: describe nature of allergic reaction:

Grasses:  No  Yes: describe which grass(es) and nature of allergic reaction:

Animal Foods:  No  Yes: describe which food(s) and nature of allergic reaction:

1. **Medical History**

Do you experience allergic symptoms when others work with animals near your work area?  No  Yes

Do you carry an EpiPen or similar device?  No  Yes

Do you have asthma?  No  Yes

Do you use nasal sprays or inhalers for allergic symptoms?  No  Yes

Do you wear a respirator mask?  No  Yes

Do you have any medical conditions (such as pregnancy or immunosuppression etc.)?  No  Yes

If yes, explain:

Do you smoke tobacco?  No  Yes How many years have you smoked?

Are you taking any medications?  No  Yes

If yes, list all medications, including herbal or vitamin supplements you are taking on a regular basis:

**By checking here, I understand this questionnaire information is confidential and is only reviewed and filed by a medical professional at Lowell General Hospital (LGH). I can speak with the medical professional reviewing this questionnaire, by calling Kelly Zapata at 978.458.6868.**

**For questions about the UML EHS program email** [ehs@uml.edu](mailto:ehs@uml.edu)

**THIS PAGE FOR LOWELL GENERAL HOSPITAL USE ONLY**

**Circle Health Urgent Care  logo**

**Medical Disposition**

A Laboratory Animal Handling Questionnaire medical evaluation, test, and/or procedure was performed for: **Click or tap here to enter text.** working under **Principal Investigator:** Click or tap here to enter text.

|  |
| --- |
| **Based on this evaluation, I find this individual:** |
| Cleared for work in animal facility, no additional protection required. |
| Needs addition of Click or tap here to enter text. protection to work in animal facility (contact UML EHS for assistance with accommodations). |
| Other: Click or tap here to enter text. |

Sincerely,

**Physician Name:** Click or tap here to enter text.

**Physician Signature: Date**:

This medical disposition was emailed to [iacuc@uml.edu](mailto:iacuc@uml.edu) and [glenn\_macdonald@uml.edu](mailto:glenn_macdonald@uml.edu)