**Complete this form and email to Kelly Zapata at** **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

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**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 and glenn\_macdonald@uml.edu