

Animal Worker Welfare Health Review Form

According to Office of Laboratory Animal Welfare (NIH, DHHS) and Cary Institute of Ecosystem Studies policy, any individual with a primary affiliation with the Cary Institute of Ecosystem Studies must be medically cleared before they may begin work with vertebrate animals. The following medical information form should be filled out, discussed with a medical practitioner who can provide medical expertise on how to minimize your risks in working with vertebrates animals (based on your medical history), and sent to the Cary Institute's Manager of Human Resource at:

**Attention: Manager of Human Resources
Cary Institute of Ecosystem Studies
PO Box AB
Millbrook, NY 12545**

Name:

E-mail address:

Phone #:

Male/Female:

Date of Birth (dd/mm/yy):

Have you previously performed work that required the handling of animals?

Yes No

If "Yes", please describe the animals and what kind of work was performed:

Do you have contact with animals (pets, farm, wild animals) outside of work?

Yes No

If "Yes", please describe species and frequency of contact:

Have you ever experienced health problems which you think may have resulted from contact with animals?

Yes No

If "Yes", please describe:

After exposure to animals, do you have:

Wheezing and chest tightness? Yes No

A skin rash? Yes No

Sneezing or running nose? Yes No

Itching eyes? Yes No

Coughing? Yes No

Have you ever had:

Asthma?	Yes	No
Skin testing for allergies?	Yes	No
Allergies to any medications?	Yes	No
Other allergies?	Yes	No

If you have allergies; please describe the allergens and how the allergy is treated (if at all):

Do you have or have you developed any medical condition that would compromise your health if you were exposed to animals?

Yes No

Have you been immunized against:

Tetanus ?	Yes (and when)	No	Don't know
Rabies?	Yes (and when)	No	Don't know
Hepatitis B?	Yes (and when)	No	Don't know

My signature below indicates I answered all questions and statements above truthfully and to the best of my ability. I hereby acknowledge that I am informed of common and specific risks associated with activities associated with and exposure to laboratory animals.

I authorize the release of the date of my medical evaluation, the Animal Worker Welfare Review Form, and the medical practitioner's evaluation as to whether I may begin or continue to work with vertebrate animals (and any restrictions in doing so, if applicable) to the Cary Institute's Manager of Human Resources. The H.R. Manager may inform my Cary Institute supervisor of the medical practitioner's evaluation of my ability to work with vertebrate animals and any restrictions in doing so.

Signature: _____

Date: ____/____/____

Medical Practitioner's Animal Worker Evaluation Form

After reviewing the Animal Worker Welfare Health Review Form, the list of species and the activities associated with working the listed animals, I have evaluated the potential risks and treatments (if necessary) of _____. As such, he/she is:

Cleared to work with the listed animals without special considerations.

Cleared to work with the listed animals with special considerations (please outline):

Not cleared to work with the listed animals.

Name (print):

Signature:

Date:

Address:

Please sign, date and return to the patient.