

BARNARD COLLEGE PRIMARY CARE HEALTH SERVICE
Health History for Personnel with Animal Contact

Please print or type:

Name: _____ MR #: _____
Department/section: _____ Hire Date: _____
Telephone #: _____ Campus Mailing Address: _____
Date of Birth: __/__/____ Female Male
Supervisor name & #: _____ Fax #: _____

Laboratory Animal Use: (Select which statement is applicable to your status)

- 1. I will not handle animals but will be working in areas where animals are housed
- 2. I will be working with animals or animal body parts
- 3. I am involved in veterinary care or animal husbandry
- 4. I am working with human specimens (cells, body fluids, etc.) in conjunction with animal studies

Must be completed by Supervisor or Principal Investigator:

1. Species contact within Columbia University Health Sciences Division (Fill in all that apply):

- Dog
- Cat
- Nonhuman primate (Baboon, Monkey, etc.), please specify _____
- Sheep (state female or male), pig, calves, please specify _____
- Rodents (mice, rats, hamster, gerbil, guinea pig), please specify _____
- Rabbit
- Other, please list: _____

2. Frequency of animal contact (select which statement is applicable)

- Daily 1-3 times/week 1-3 times/month infrequent (1-6 times/year)

3. For use with live animals ONLY, any work with:

- | | |
|---------------------------------------|---|
| Recombinant DNA | Yes <input type="checkbox"/> No <input type="checkbox"/> please list: _____ |
| Infectious Agents | Yes <input type="checkbox"/> No <input type="checkbox"/> please list: _____ |
| Bloodborne Pathogens/Human Cell Lines | Yes <input type="checkbox"/> No <input type="checkbox"/> please list: _____ |
| Lasers (Class 3b, 4a) | Yes <input type="checkbox"/> No <input type="checkbox"/> please list: _____ |
| Extremely Hazardous Agents/toxins | Yes <input type="checkbox"/> No <input type="checkbox"/> please list: _____ |
| Radiation | Yes <input type="checkbox"/> No <input type="checkbox"/> please list: _____ |

Name and Signature of Supervisor/Principal Investigator

Date

Must be completed by Employee:

4. Do you have any allergies to animals, birds, food, latex/rubber products, or chemicals? Yes No

If yes, please explain: _____
(Employees with suspected work related allergies will be evaluated and be referred to the appropriate health care provider by WH&S)

5. Do you have asthma? Yes No

6. What is the date of your most recent tetanus diphtheria (Td) booster? _____

7. Have you completed a rabies vaccination (3 doses) series? Yes No If yes, when? _____

Have you ever had a rabies booster? Yes No If yes, when? _____

8. Have you ever contracted an illness or had a serious injury from an animal or in animal-related work?
 Yes No If you, please explain in detail: _____
9. Do you have contact with animals outside of work (i.e. pets, wild animals, farm animals)?
 Yes No If yes, please describe: _____
10. Have you had a splenectomy? Yes No
 Are you immunosuppressed or taking any immunosuppressant drugs? Yes No
11. Please note any other health history you consider significant:

12. If you are in contact with nonhuman primates:
 Have you ever had tuberculosis? Yes No
 Have you been vaccinated (BCG) for tuberculosis? Yes No
 Have you had a positive reaction to a tuberculin test? Yes No
 If you have had a positive reaction to a tuberculin skin test:
 Date of Last Chest Xray: _____
 Dates of treatment for Latent TB: _____
13. If you are in contact with sheep:
 Do you have valvular heart disease, congenital heart defects or prosthetic heart valves? Yes No
14. Do you have pre-existing hepatitis? Yes No
15. If female, are you pregnant? Yes No

Employee Signature

Date

Must be completed by medical provider:

___ Medical history reviewed.

___ Physical exam completed.

Immunizations given:

___ dT ___ Tdap

___ PPD: date administered _____ Date interpreted _____ Result _____

CXR result _____ Medication given? _____

___ Student cleared for research.

Clinician Signature

Date

Fax completed form to: 212-305-5833 or email to iacuc@columbia.edu