

Responses are strictly confidential

Name: Last, First, MI:		Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Date of Birth:		Today's Date:	
Home or Campus Address:						Phone:	
Position: Staff <input type="checkbox"/> Student <input type="checkbox"/> P.I. <input type="checkbox"/> Volunteer <input type="checkbox"/>						Dept:	
Email:		Supervisor:				ACUP#-PI.s only:	
Please list below any known allergies. (ie; antibiotics, latex, etc.) Check here if none <input type="checkbox"/>							
Allergies:							
Please check off or list the animals you will be working with below							
Rats <input type="checkbox"/> Mice <input type="checkbox"/> Fish <input type="checkbox"/> Anoles <input type="checkbox"/> Frogs <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Zebra fish <input type="checkbox"/> Quail <input type="checkbox"/>							
Xenopus frogs <input type="checkbox"/> Chickens or Chicken eggs <input type="checkbox"/> Other (Please specify) _____							
Are you have any allergic symptoms to any animals you will be working with? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Check the boxes that reflect your symptoms when working around the animals listed above.							
Check here is no symptoms occur <input type="checkbox"/>							
Runny or stuffy nose <input type="checkbox"/> Itching <input type="checkbox"/> Rash <input type="checkbox"/> Hives <input type="checkbox"/>							
Sneezing <input type="checkbox"/> Hoarseness <input type="checkbox"/> Eyes watering <input type="checkbox"/> Coughing <input type="checkbox"/> Wheezing <input type="checkbox"/> Sore throat <input type="checkbox"/> Tightness in throat <input type="checkbox"/>							
Bad breath <input type="checkbox"/> Eczema <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Tightness in Chest <input type="checkbox"/>							
Poor sense of smell <input type="checkbox"/> Frequent bronchitis <input type="checkbox"/>							
Questions 1-3: Check the box that signifies the amount of exposure you will have with the animal(s).							
1. No direct contact, but enter the animal room or animal is in workspace. <input type="checkbox"/>							
2. No direct contact with live animals but handle "unfixed" animal tissue and or fluids. <input type="checkbox"/>							
3 .Direct contact with live animal(s); {e.g. handle, restrain, collection of specimens, administer drugs, etc.} <input type="checkbox"/>							
Note: Masks, gloves and lab coats are required while working with the animals in the colony							
Do you require any extra measures to reduce allergic symptoms? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please list: _____							
Will any animal that you will be working with carry zoonotic diseases? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Do you have your physician's clearance to work with animals if required? Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> N/A <input type="checkbox"/>							
List any medication used to control symptoms including name, dosage and quantity.							
Medication	Dosage	Frequency		Medication	Dosage	Frequency	
Mark the appropriate boxes and list dates.							
Are you pregnant? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>							
Date of last Tetanus Booster: _____							
(If you are an attending college student, please contact the Bates Health Center for your current Tetanus booster dates).							
Mark the boxes that will you will be involved with regarding							
Recombinant DNA <input type="checkbox"/> Infectious Agents <input type="checkbox"/> Human Blood, Body Fluids, Tissues, or Cells <input type="checkbox"/>							
If other, specify: _____							
Mark the Chemical or Physical agents you will be working with.							
Flammables <input type="checkbox"/> Caustic <input type="checkbox"/> Toxic <input type="checkbox"/> Reactive <input type="checkbox"/> Radiation/Radioisotopes <input type="checkbox"/>							
Anesthetic gases <input type="checkbox"/> Controlled drugs <input type="checkbox"/> Carcinogens <input type="checkbox"/> Heavy Metals <input type="checkbox"/>							
Other (List): _____							
Have you received safety training and are cleared to work with hazardous materials listed? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>							
Health or Work Concerns: Is there any health or work concerns below you wish to discuss with the Occ. Health Nurse?							
YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please list contact number you will prefer to reached at: _____							

[Type text]

Only complete if you are participating in these studies.

Wildlife/Field/Marine Studies

Check the boxes and/or list species you plan to come in contact with in your research:

Wild rodent ☐ Raccoon ☐ Fox ☐ Squirrel ☐ Bird ☐ Fish ☐ Others(list):

Have you ever had a Rabies Vaccine Series? YES ☐ NO ☐ If yes, list dates below: Series of 3:

Will you be in contact with rabies vector species? YES NO ☐

Have you read and signed Bates liability waiver? YES ☐ NO ☐ N/A ☐

Have you read the required forms/fact sheets regarding Hantavirus from the Maine Dept. of Health and also the Center for Disease Control? ☐ YES NO Have not received the paperwork ☐ N/A ☐

I verify that the above information is accurate to the best of my knowledge.

Signature: _____ Date: _____