



In compliance with the Institutional Animal Care and Use Committee (IACUC) and Occupational Health and Safety Program (OHSP) as stated in the *Guide*

This form is used if you are a research student, an animal care worker or personnel needing to obtain medical clearance for an animal research project. This form is to be re-submitted at any time there is a change in your health status and/or animal exposure(s).

DATE:	LAST NAME:	FIRST NAME:		
DOB:	AGE:	SEX(circle one): M F		
BATES ID#:	PHONE:	BATES E-MAIL:		
POSITION:	STUDENT	FACULTY	STAFF	VOLUNTEER
FACULTY OR SUPERVISOR NAME:		EMAIL:		
IS THIS FORM A RE-SUBMISSION DUE TO CHANGES IN YOUR HEALTH STATUS?				
PLACE A CHECK BEFORE THE APPLICABLE BOX:				
DIRECT CONTACT WITH ANIMALS; (E.G. HANDLE, RESTRAIN, ADMINISTER DRUGS, ETC.)				
NO DIRECT CONTACT BUT HANDLE "UNFIXED" TISSUE, CARCASSES, OR SPECIMENS				
NO DIRECT CONTACT BUT ENTER THE ANIMAL ROOM OR ANIMAL WORKSPACE				
WORKING WITH ANIMAL PATHOGENS/DISEASE AREAS (BIOSAFETY LEVEL 2)				
CIRCLE THE ANIMAL YOU WILL BE WORKING WITH: RAT MICE ZEBRAFISH				
DOG				
CAT RABBIT ANOLE QUAIL WILD BIRD WILD RODENT WASP OR BEE				
OTHER(PLEASE LIST):				
DO YOU HAVE ANY KNOWLEDGE YOU ARE ALLERGIC TO THE ANIMALS LISTED ABOVE? IF YES, LIST				
ANIMAL CAUSING REACTION:				
CIRCLE THE SYMPTOM: RUNNY OR STUFFY NOSE WATERY/ITCHY EYES RASH				
HIVES				
TIGHTNESS IN THROAT SHORTNESS OF BREATH WHEEZING				
DO YOU SUFFER FROM ANY NON-ANIMAL ALLERGY? YES NO				
IF YES, LIST SYMPTOM(S):				
DO YOU RECEIVE ALLERGY SHOTS? YES NO IF YES, DOSAGE:				
NOTE: DEPENDING ON THE SEVERITY OF ALLERGIC REACTION, YOU MAY NEED A PHYSICIAN'S CLEARANCE:				
HAVE YOU EVER BEEN TOLD BY A PHYSICIAN THAT YOU HAVE AN IMMUNE-COMPROMISED MEDICAL CONDITION OR ARE YOU TAKING ANY MEDICATIONS THAT IMPAIR YOUR IMMUNE SYSTEM				
(STERIODS, IMMUNOSUPPRESSIVE DRUGS, OR CHEMOTHERAPY)? YES NO				



IF YES, EXPLAIN:
WHEN WORKING WITH THE RESEARCH ANIMALS, CERTAIN PPE'S WILL BE REQUIRED: CIRCLE ALL THAT APPLIES YOU YOUR WORK: GLOVES MASKS LAB COAT BOOTIES
DATE OF LAST TETANUS SHOT: _____ NOTE: COLLEGE STUDENTS RECORDS AT HEALTH CENTER
WILL YOU BE EXPOSED TO INFECTIOUS AGENTS/RECOMBINANT DNA? YES NO
IF YES, LIST AGENTS: _____ _____

WORKING WITH HAZARDOUS CHEMICALS REQUIRES SAFETY TRAINING
FLAMMABLES, CAUSTIC, TOXIC (HEAVY METALS) AND REACTIVES REQUIRE SAFETY TRAINING; WILL YOU BE EXPOSED TO ANY OF THIS CHEMICALS AND IF YES, PLEASE LIST: YES NO
CHEMICAL(S): _____
PLEASE CONTACT THE SAFETY COORDINATOR, Jonathan Witt: jwitt@bates.edu FOR TRAINING IF USING ANY HAZARDOUS OR TOXIC CHEMICALS:
ARE YOU PREGNANT? YES NO N/A
IS THERE ANY HEALTH CONCERN YOU WOULD LIKE TO DISCUSS WITH THE NURSE? YES NO

THIS SECTION FOR BEES/WASPS OR STINGING INSECT ONLY

Circle answer that applies

NO (NOT WORKING WITH BEES) YES (WORKING WITH BEES)
DO YOU KNOW OF ANY ALLERGIES TO BEES/WASPS OF STINGING INSECTS? YES NO N/A
IF YES, DO YOU HAVE A PHYSICIAN'S CLEARANCE TO WORK WITH INSECTS? YES NO
IF YES, LIST DATE CLEARED _____

THIS SECTION FOR WILDLIFE RESEARCH ONLY

HAVE YOU EVER HAD OR DO YOU KNOW HAVE ANY OF THE FOLLOWING IMMUNIZATIONS OR DISEASES? RABIES TB
If Yes, list dates of shots required: 1 st : _____ 2 nd _____ 3 rd _____
What vertebrates will you be working with? Birds Wild Rodents
Other (please list) _____

SIGNATURE: _____ DATE: _____