

**UAH History and Physical Form** – This form to stay in the patient’s Medical File

This form must be completed by all personnel handling **vertebrate animals** for **more than four hours per week and/or more than 12 weeks**. The information provided will be used to determine the health clearance and appropriate preventive health measures for each individual handling vertebrate animals. New personnel and students who wish to handle animals should check all appropriate boxes below after discussing their research with the appropriate supervisory personnel.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Job Title: \_\_\_\_\_ A #: \_\_\_\_\_  
Department: \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Supervisor/advisor: \_\_\_\_\_

**PLEASE CHECK ALL CIRCUMSTANCES THAT APPLY**

Lab contact with vertebrate animals and/or their blood/tissues:

No  Yes

Field work with vertebrate animals :

No  Yes

**Animal handling unit:**

Estimate animal contact in hours per week:

less than four hours per week

four hours per week or more

Estimate duration of animal contact:

less than 12 weeks

12 weeks or more

Have you had a tetanus booster in the past 10 years? (Highly recommended).

No  Yes; Date of last tetanus booster: \_\_\_\_\_

**MEDICAL HISTORY**

ALLERGIES

To Medications:  No  Yes. If Yes, please list:

To the Environment:  No  Yes. If Yes, please list:

To Animals:  No  Yes. If Yes, please list:

MEDICAL PROBLEMS

Do you have any current medical problems?  No  Yes

If Yes, please explain:

Do you have any chronic medical problems?  No  Yes

If Yes, please explain:

**Have you had any of the following? (Check all that apply):**

Pneumonia  High Blood Pressure  Heart Disease  Chronic Bronchitis

Arthritis  Chronic Back or Joint Pain  History of Asthma  History of Eczema

Emphysema  Tuberculosis  Gastrointestinal Diseases (Ulcers, Colitis etc)

None

**List all medications that you are currently on. (Including all asthma/allergy medications)**

**Do you have any of the following conditions or symptoms?** (Check all that apply, especially those not associated with cold)

Running nose, sinus congestion     Itchy, irritated eyes     Skin rash  
 Chronic cough     Shortness of breath/wheeze     Hay fever or other environmental seasonal allergies (pollen)     Chronic allergies (food, mold, dust)

**Are you allergic to any of the following?** (Check all that apply)

Mice     Rats     Rabbits     Birds/Raptors     Dogs     Cats     Trees  
 Weed     Grass     Pollen     Latex     Other: \_\_\_\_\_     None

**Certain medical conditions increase your risk of potential health problems (Check all that apply): If any of these apply, inform your health care provider.**

Any Immunosuppressive condition     Pregnancy     Animal-related allergies     Chronic back injury     Diabetes     Cancer or malignancy     Liver diseases     Neurological conditions  
Other: \_\_\_\_\_     None

The above information is correct to the best of my knowledge. I agree to have the above information evaluated by the suitable party listed on the next page. I understand that additional vaccinations/booster may be recommended by the health care professional. Cost of the animal handler medical review at the UAH Health Services will be covered by the Department.

Signature:

Date:

## HEALTH CARE'S CLEARANCE RECOMMENDATIONS

Print Patient Name:

Patient Email Address:

Status:

Faculty/staff

Student: Full name of Animal Research Faculty Advisor:

Patient Signature:

Date:

(A physical signature is required)

### Health Care Provider's Recommendations:

**Who to send to: IACUC chair (Email: [al0122@uah.edu](mailto:al0122@uah.edu) ) or Vice chair: (Email: [brk0006@uah.edu](mailto:brk0006@uah.edu) ).**

**Org. number to charge: 251001**

### Choose one from each section below:

Name of student:

Name of advisor if applicable:

#### SECTION 1

The individual has no health related reasons which would prohibit this patient from participating in the handling and care of vertebrate animals.

I do not recommend this individual to participate in animal handling or care.

Medical clearance is required from patient's primary care provider.

#### SECTION 2

Re-evaluation is needed when medical conditions changes or animal exposure increased or within five years

Re-evaluation is needed when immunization expires: Date:

#### SECTION 3

The reviewing Health Care Provider is aware that vertebrate animals are involved in this research:

Not applicable:

Health Care Provider's Name (print):

Health Care Provider's signature:

Date:

Phone:

UAH Health Services  Other (provide clinic/hospital address below)

Clinic/hospital Address:

City:

State and Zip code:

#### **SECTION 4**

Species Preventive Health Checklist: The information provided will be used to determine the appropriate preventive health measures for animal handlers. New employees and students wishing to handle animals should check all appropriate boxes below after discussing their research with the PI or appropriate supervisory personnel.

Level 1 (non-feral Rodents, rabbits, birds, bats)

Level 2 (Aquatics, Non-venomous reptiles)

Level 3 (Dogs, Cats, Ferrets)

Level 4 (Farm Animals, Chickens)

Level 5 (Non-Human Primates)

Level 6 (All feral animals, venomous reptiles, in vivo select agents,etc)