Pepperdine University
Periodic Animal Contact Health Questionnaire

NOTE: This must be completed prior to working with animals and when any changes in medical conditions or animal exposure intensity occur.

Name: (Last) _____ (First) _____

Campus/home Mail Address: _____

City: _____ State: _____ Zip Code:_____

Cell Phone #: ( ) _____ E-mail Address: _____

Department_____ Name of Employer: _____

Birth Date _____ Sex ☐ M ___ ☐ F Date Hired :_____

Ethnicity:☐ White/Caucasian ☐ Black ☐ Asian ☐ Indian ☐ Hispanic ☐Other_____

Personal Physician: Name: _____

Physician Telephone number: _____

Status (check all that apply):

☐ Faculty/staff
☐ Visiting/temporary
☐ Unpaid graduate or undergrad
☐ Undergrad/Grad. Hourly
☐ Undergrad/RA/Independent Study
☐ Other: _____ (please specify)

Please check all circumstances that apply. ("Contact" means direct handling or care)

☐ Contact with vertebrate animals in the lab. Specify: Common name: _____
☐ Contact with vertebrate animals in the field. Specify: Common name: _____
☐ Contact with animal tissues/fluids not treated with chemical preservatives.
☐ No direct animal contact, but working in the same facility with animals or their non-preserved tissues.

Estimate animal contact in **hours per week**: _____

Estimate non direct animal contact time in **hours per month**: _____

Have you had a tetanus booster in the past 10 years?
☐ Yes: Date_____
(Health Services has the tetanus record from admission files for current students)
☐ No (Current tetanus required).

Medical History

Do you have any current medical problems? ☐ Yes ☐ No
If yes, explain.

_____
_____
_____

Do you have any chronic medical problems? ☐ Yes ☐ No
If yes, explain.

_____
_____
_____

Have you had any of the following? (Check all that apply and **indicate when**)
☐ Pneumonia ☐ Restriction on lifting limit _____ Specify lbs
☐ Recurrent Bronchitis ☐ Arthritis ☐ Chronic Back or Joint Pain ☐ Heart Disease
☐ Carpal Tunnel Syndrome or Repetitive Motion Injury

Allergy History:
List all medications that you are presently on. (Especially all asthma/allergy medications including inhalers): ☐ none

_____
_____
_____

List any allergies to medications: ☐ **none**

_____
_____
_____

Do you have any of the following symptoms or conditions? (Check all that apply that **are not associated with a cold**.)
☐ Chronic cough
☐ Skin rash
☐ Runny nose, sinus congestion
☐ Shortness of breath/wheeze
☐ Asthma
☐ Chronic allergies (food, mold, dust)
☐ Itchy, irritated eyes
☐ Hay fever or other environmental seasonal allergies (pollen)

☐ None

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

☐ Mice ☐ Rats ☐ Rabbits ☐ Raptors/Birds
☐ Weeds ☐ Trees ☐ Grass ☐ Latex
☐ Food ☐ Pollen ☐ Other: ____
☐ Dogs ☐ Cats

☐ None

☐ I would like to be seen by the medical staff.

Please be informed that certain medical conditions increase your risk of potential health problems when working with animals, these can include problems with: animal-related allergies, chronic back injury, pregnancy and immunosuppression. If any of these conditions apply, inform your personal physician/health care professional of your work.

Other conditions (continue as needed below): _____

_____

I agree to have the above information reviewed by the appropriate personnel from the Pepperdine Student Health Center, the Institutional Animal Care and Use Committee and/or the Office of the Provost.

_____ _____

Signature **Date**

Office Use Only:

Clearance Recommendation Page

Patient's Consent and Authorization

(Note to medical staff – This page only should be returned to Pepperdine's IACUC Chairperson, Dr. Jeffrey Jasperse, in the Natural Science Division at Pepperdine University. The remainder of this document should remain in the patient's medical record at the medical facility)

I consent to and authorize _____ to release my approval status for work with animals and any applicable restrictions to Pepperdine University's Institutional Animal Care and Use Committee and my supervising investigator. I understand this consent is revocable except to the extent action has already been taken. Authorization is not valid beyond one year from date of signature. Further disclosure or release of my health information is prohibited without specific written consent of person to whom it pertains.

Print Patient name:	
Patient's signature	Date

Physician's Recommendations (Choose one from each table)

(Choose one from table 1)

	I am not aware of any contraindications toward participation in animal care or handling.
	I believe the applicant can participate in animal care or handling with the following restrictions:
	I recommend the applicant **not** participate in animal care or handling.
	There are medical concerns that require follow-up or referral to a specialist prior to clearance for participation in animal care or handling. Those concerns are:

(Choose one from table 2)

	Re-evaluation required when any changes in medical conditions or animal exposure intensity occur
	Re-evaluation required annually

Practitioner's signature		Date:
Practitioner's name (print)	Phone:	Fax:
Clinic Address	City:	State & Zip

Send **this page only** to Dr. Jeffrey Jasperse, IACUC chairperson, in the Natural Science Division. Mail code #4321. Phone: (310) 506-4949. Fax: (310) 506-4785.

Please call the Health Center to make an appointment for an exam or take this form to your personal physician (you are responsible for any associated costs). Bring the completed or partially completed form (clinician will assist in completing as needed prior to physical exam) at the time of your physical examination appointment.

Pepperdine Health Center
Location: RHO Parking Lot - Towers Road
Hours: Monday - Friday, 8:00 am - 5:00 pm
Phone: (310) 506-4316 (Option 3 for Operator)