

**Columbia University Health History for Students and Personnel with Animal Contact**

 Check one box:  ICM  Animal Research Program  Baseline  Periodic

Name: \_\_\_\_\_

UNI: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hire Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Campus Mailing Address: \_\_\_\_\_

Department/Section: \_\_\_\_\_

 Female  Male 

Supervisor Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Prior** to beginning laboratory research with any of the vertebrate species listed below, personnel including students are required to have a brief medical history and physical. Please schedule an appointment as follows:

1. Students are to contact Student Health on their respective campuses e.g., at CUMC contact 212-305-3400, at Morningside contact 212-854-7426, and Barnard College contact 212-854-2091.
2. Personnel (faculty and staff) are to contact their Supervisor to schedule an appointment with Workforce Health & Safety (WHS).

 Upon completion, WH&S or Columbia Health (Student Health) will provide a "clearance" e-mail to [iacuc@columbia.edu](mailto:iacuc@columbia.edu).

**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 (*administrative and facilities personnels please skip page to #2*).
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.

*The following does **not** apply to Administrative or Facilities Personnel*

Must be completed by Supervisor or Principal Investigator:

1. Species contact within Columbia University/Barnard (Fill-in all that apply):
  - Nonhuman primate (Baboon, Monkey, etc.), please specify \_\_\_\_\_
  - Calves, Sheep (state female or male), or Goat, please specify \_\_\_\_\_
  - Rabbits/Rodents (mice, rats, hamster, gerbil, guinea pig), please specify \_\_\_\_\_
  - Animal blood & bodily fluids & unfixed tissues
  - Dogs/Ferrets  Fish
  - Cats  Amphibia (frogs)
  - Pigs  Birds
  - Bats  Other, please
  - Reptiles 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:
 

Viral Vectors	Yes <input type="checkbox"/> No <input type="checkbox"/> please list: _____
Infectious Agents	Yes <input type="checkbox"/> No <input type="checkbox"/> please list: _____
Blood borne Pathogens/Human Cell Lines	Yes <input type="checkbox"/> No <input type="checkbox"/> please list: _____
Infectious and/or Hazardous Agents/Toxins	Yes <input type="checkbox"/> No <input type="checkbox"/> please list: _____

 \_\_\_\_\_  
 \* Principal Investigator signature required\*

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 \* Principal Investigator Print Name required\*

 \_\_\_\_\_  
 Phone Number

**Must be completed by personnel including students:**

1. Are you taking any prescription medication?  Yes  No  
If yes, please list: \_\_\_\_\_
2. Are you immunosuppressed or taking any immunosuppressant drugs?  Yes  No  
Have you had a splenectomy?  Yes  No
3. 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)
4. Do you have asthma?  Yes  No
5. If female, are you pregnant?  Yes  No
6. If you are in contact with sheep:  
Do you have valvular heart disease, congenital heart defects or prosthetic heart valves?  Yes  No
7. Do you have pre-existing hepatitis?  Yes  No
8. Have you ever had arthritis?  Yes  No
9. Have you ever been diagnosed as having a hernia?  Yes  No
10. Have you ever had back trouble or pain that required treatment or loss of time at work?  Yes  No
11. Do you have any current health problems that may interfere with your duties at work?  Yes  No  
If yes, please describe: \_\_\_\_\_
12. Do you have contact with animals outside of work (i.e. pets, wild animals, farm animals)?  Yes  No  
If yes, please describe: \_\_\_\_\_
13. Have you ever contracted an illness or had a serious injury from an animal or in animal-related work?  
 Yes  No  
If yes, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_
14. What is the date of your most recent tetanus vaccine (TT, TD, or TDAP) booster? \_\_\_\_\_
15. 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? \_\_\_\_\_
16. 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 X-ray: \_\_\_\_\_  
Dates of treatment for Latent TB: \_\_\_\_\_
17. Please note any other health history you consider significant:  
\_\_\_\_\_  
\_\_\_\_\_
  
18. Does this study involve travel outside of the United States?  Yes  No  
If YES, contact Student Health for Travel Assessment prior to travel.
  
19. ***If working with Infectious and/or Hazardous Agents/Toxins:***  
Are you required to use a respirator?  Yes  No  
If **YES**, a separate medical questionnaire **MUST** be completed at WH&S or Columbia Health prior to fit testing.

**FOR STUDENT HEALTH OFFICE USE ONLY**

DATE

DATE

Tuberculin Skin Test Step1: \_\_\_\_\_  
 Negative  Positive \_\_\_\_\_ mm  
 Tuberculin Skin Test Step 2: \_\_\_\_\_  
 Negative  Positive \_\_\_\_\_ mm  
 Chest X-ray result: \_\_\_\_\_  
 MMR Titer: \_\_\_\_\_  
 MMR #1 Vaccine: \_\_\_\_\_  
 MMR #2 Vaccine: \_\_\_\_\_

Rabies vaccine #1: \_\_\_\_\_  
 Rabies vaccine #2: \_\_\_\_\_  
 Rabies vaccine #3: \_\_\_\_\_  
 Rabies vaccine booster: \_\_\_\_\_  
 Varicella Vaccine #1: \_\_\_\_\_  
 Varicella Vaccine #2: \_\_\_\_\_  
 Polio Vaccine #1: \_\_\_\_\_  
 TT/TD/TDAP Vaccine: \_\_\_\_\_

**Blood borne Pathogen Surveillance:**

Hep B Surface Ab: \_\_\_\_\_  
 HBV Vaccine #1: \_\_\_\_\_  
 HBV Vaccine #2: \_\_\_\_\_  
 HBV Vaccine #3: \_\_\_\_\_  
 HBV Vaccine declination form signed: \_\_\_\_\_  
 HCV Ab (Hep C virus Antibody): \_\_\_\_\_

Toxoplasma Ab, IgG (*females working with cats only*): \_\_\_\_\_  
 Q Fever Ab, IgG: \_\_\_\_\_  
 Waiver: \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \* Faculty/Staff/Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 \* Healthcare Provider/Reviewer Name, Title & Signature

\_\_\_\_\_  
 Date