

**Drexel University
Institutional Animal Care and Use Committee
Annual Health Review**

Your Name: _____ **Drexel University ID No:** _____

Your Academic Program or Department: _____

Your work (school) telephone number: _____

In order to help assure that no health problems arise as a result of your work with animals, please respond to the following questions.

1. For the *past year*, please check all the categories you matched.

- | | |
|--|--|
| ULAR animal and veterinary care staff | <input type="checkbox"/> |
| Non-ULAR person with direct contact with monkeys | <input type="checkbox"/> |
| Non-ULAR person with direct and frequent contact with rodents and rabbits | <input type="checkbox"/> |
| Non-ULAR person with direct contact with sheep or goats | <input type="checkbox"/> |
| Non-ULAR person with direct but infrequent contact with animals | <input type="checkbox"/> |
| I worked directly with recombinant DNA, pathogenic organisms, chemical carcinogens or cytotoxic drugs. If "yes", please circle the potential hazard. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

2. For the *coming year*, please check all the job categories you *think* you will match.

- | | |
|---|--|
| ULAR animal and veterinary care staff | <input type="checkbox"/> |
| Non-ULAR person with direct contact with monkeys | <input type="checkbox"/> |
| Non-ULAR person with direct and frequent contact with rodents and rabbits | <input type="checkbox"/> |
| Non-ULAR person with direct contact with sheep or goats | <input type="checkbox"/> |
| Non-ULAR person with direct but infrequent contact with animals | <input type="checkbox"/> |
| I will work directly with recombinant DNA, pathogenic organisms, chemical carcinogens or cytotoxic drugs. If "yes", please circle the potential hazard. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

3. Do you have a past history of asthma? Yes ☐ No ☐

Do you have a past history of eczema (allergic skin conditions)? Yes ☐ No ☐

Do you have a past history of allergic rhinitis (sneezing, runny nose, etc.)? Yes ☐ No ☐

Do you have a past history of a medical problem that may be work related? Yes ☐ No ☐

If yes, what is that problem(s) _____

4. Do you have any illness which compromises your immune system? Yes ☐ No ☐

Are you taking any medicine which may compromise your immune system? Yes ☐ No ☐

If yes, list those medications _____

In the past year, did you develop any new medical problems? Yes ☐ No ☐

If yes, list those problems _____

If yes, do you think any are related to your work? Yes ☐ No ☐

Which one(s) may be related to our work? _____

I authorize Drexel University and Drexel University College of Medicine to conduct a medical examination to determine whether I can work with laboratory animals. The Institutional Animal Care and Use Committee and Supervisor/Principal Investigator may be informed only of the date of medical evaluation to verify my participation in the Occupational Health and Safety Program, and whether or not I may continue to work with laboratory animals (or any restrictions in doing so).

Date: _____

Signature: _____