**The University of Tulsa**

**Assessment Form for Animal Users**

This form must be completed in order to gain or maintain access to the animal facilities at The University of Tulsa. Please answer all questions completely**. Please take this form to the Alexander Health Center in an envelope marked “CONFIDENTIAL” addressed to Stephanie Fell, Director of Alexander Health Center.** Alexander Health Center will handle this information in a confidential manner.

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

TU email address (required):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check One: Employee\_\_\_\_\_\_\_\_\_\_\_\_\_ Student\_\_\_\_\_\_\_\_\_\_\_\_

**Animal Contact Activities at Work (check all that apply):**

1. Laboratory:

Mice: \_\_\_\_\_\_\_ Rats: \_\_\_\_\_\_\_ Hamsters:\_\_\_\_\_\_

Frog: \_\_\_\_\_\_\_ Fish: \_\_\_\_\_\_\_ Salamanders:\_\_\_\_

Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. For wild species, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you handle animals directly? \_\_\_Yes \_\_\_No

Will you only be observing animals? \_\_\_Yes \_\_\_No

**Health Information:**

1. Have you received a tetanus shot within the last 10 years? \_\_\_Yes \_\_\_No

(An immunization will be provided if the response is “No”. Please schedule an appointment with the Alexander Health Center.)

1. Do you have any allergies or any other medical conditions that may affect your ability to work with animals or with their food or bedding? \_\_\_Yes \_\_\_No

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you think you are allergic to research animals? \_\_\_Yes \_\_\_No
2. Have you seen a physician related to your allergies? \_\_\_Yes \_\_\_No
3. Do you experience any of the following when you have worked with animals:

\_\_ Eye tearing/itching \_\_ Sneezing \_\_ Runny nose \_\_Cough

\_\_ Chest tightness \_\_ Wheezing

1. Do you have any medical condition (or are you taking any medications) that would be adversely affected by your exposure to lab animals? (example: chronic lung problems, pregnancy, immunosuppressive therapy, chemotherapy, or HIV infection) \_\_\_Yes \_\_\_No

If you have answered “yes” to any of Questions 2-6, you must make an appointment with Alexander Health Center to discuss your medical condition and to receive clearance to work with animals. If, during the course of your research, any changes occur that would affect your responses on this form, please notify the Director of Alexander Health Center immediately.

I hereby authorize Alexander Health Center to release information to the Office of Research and Sponsored Programs pertaining to notification of clearance to work with animals.

Signature of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

TO BE COMPLETED BY ALEXANDER HEALTH CENTER:

Is it necessary for the participant to be further evaluated prior to working with animals?

\_\_\_Yes \_\_\_No

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_