

INSTRUCTIONS

Students

You may submit the following form to the Abrons Student Health Center on the UNCW campus. Students are advised to make an appointment with the health center for this purpose. The health center will not charge students for this evaluation.

The health center should return the completed Healthcare Provider Clearance Form **directly to you**.

Please submit the Healthcare Provider Clearance page to the principal investigator of the study and discuss any health recommendations with him or her.

The principal investigator of the study should submit the Health Provider Clearance page **only** to the IACUC at iacuc@uncw.edu. If the principal investigator prefers, you may email the Healthcare Provider Clearance page **only** to the IACUC at iacuc@uncw.edu and copy the principal investigator so the IACUC knows s/he is aware of any health recommendations. ***Please do not submit any part of the following form other than the completed Healthcare Provider Clearance page to the IACUC.***

Faculty/Staff

You may submit the following form to Medac Corporate Health or a preferred private medical provider. If using Medac, submit by email to corporatehealth@urgentcaregroup.com and copy Marcy Everett (Marcy.Everett@urgentcaregroup.com). Please include a **phone number where you can be reached** during normal business hours on Wednesdays. Please also include instructions to invoice **UNCW PO #P0154741**. They will review forms on Wednesdays and will contact you if they need more information or have questions. They will return the completed Healthcare Provider Clearance form **directly to you** by email on Thursdays.

If you are not the principal investigator of the study, please submit the Healthcare Provider Clearance page to the principal investigator of the study and discuss any health recommendations with him or her.

The principal investigator of the study should submit the Healthcare Provider Clearance page **only** to the IACUC at iacuc@uncw.edu. If the principal investigator prefers, you may email the Healthcare Provider Clearance page **only** to the IACUC at iacuc@uncw.edu and copy the principal investigator so the IACUC knows s/he is aware of any health recommendations. ***Please do not submit any part of the following form other than the completed Healthcare Provider Clearance page to the IACUC.***

Medical Provider

Please complete and sign the Healthcare Provider Clearance form and **return it to the individual who submitted it** to you.

***ATTENTION MEDAC CORPORATE HEALTH BILLING:** Please invoice UNCW **PO #P0154741** and direct invoice to the UNCW Research Integrity Office (iacuc@uncw.edu)

UNCW PRINCIPAL INVESTIGATORS: Send a copy of **ONLY** the Healthcare Provider Clearance Form to the IACUC at IACUC@uncw.edu. Retain a copy of that page for your lab records and for future reference. You will need to provide the date of medical clearance for each research team member when filling out your IACUC application.

UNCW Institutional Animal Care and Use

Health Surveillance and Risk Assessment Form for Vertebrate Animal Exposure

This form is mandatory for all faculty, staff, and students who will work with live, vertebrate animals covered in UNCW's Animal Care and Use Program. This form only needs to be completed once to cover all protocols with which you are currently affiliated. Submit this form directly to a healthcare provider (see instructions). **Please do not send this or next page (health information) to the IACUC.**

Part A: General Information

Name	Email	Phone Number	DOB
		**where you can be reached during business hours on Wednesdays	
Department	Role		

Part B: Animal Contact Activities

1. Procedures and Work Environment

<input type="checkbox"/> Observation and recording of animals	<input type="checkbox"/> Perform animal surgeries
<input type="checkbox"/> Handle and hold animals	<input type="checkbox"/> Handle unfixed tissues
<input type="checkbox"/> Feed/water and general care of animals	<input type="checkbox"/> Clean cages/stalls (including change bedding)
<input type="checkbox"/> Field work (including general outdoor farm work)	<input type="checkbox"/> General building maintenance and/or housekeeping
<input type="checkbox"/> Other (explain):	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

2. Animal Types and Frequency of Contact

Please fill in the chart below. If you do not see the option you need on a drop-down list, you may type in the box instead. For "Condition of Animal," indicate whether the animals are wild or domestic, caged/fenced or free-range, or sick. For "Agents Used/Handled," indicate any infectious, radiological, or chemical agents to which the animals you handle are **intentionally** exposed or **known** to be carrying. Include short-acting anesthetics only if you will be handling the anesthetic or the animal while anaesthetized.

Type of Animal	Condition of Animal	Agents Used/ Handled	Typical Contact Frequency	Typical Time per Contact (in hours)	Personal Protective Equipment Used, if any
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Part C: Health History

If you have any questions about how your work with animals might impact your health, please discuss them with a qualified healthcare provider.

1. Allergy Symptoms

a. Do you experience any of these symptoms when you work with or are exposed to research animals?

Watery, burning, itchy eye(s)	<input type="radio"/> Yes	<input type="radio"/> No	Coughing	<input type="radio"/> Yes	<input type="radio"/> No
Nasal drip	<input type="radio"/> Yes	<input type="radio"/> No	Chest tightness	<input type="radio"/> Yes	<input type="radio"/> No
Sneezing	<input type="radio"/> Yes	<input type="radio"/> No	Rash	<input type="radio"/> Yes	<input type="radio"/> No
Wheezing	<input type="radio"/> Yes	<input type="radio"/> No	Hives	<input type="radio"/> Yes	<input type="radio"/> No
Shortness of breath	<input type="radio"/> Yes	<input type="radio"/> No	Other, Describe: <div style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></div>	<input type="radio"/> Yes	<input type="radio"/> No

b. Have you ever been diagnosed or otherwise identified as having any of the following conditions?

Asthma	<input type="radio"/> Yes	<input type="radio"/> No	Positive allergy skin test	<input type="radio"/> Yes	<input type="radio"/> No
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Anaphylactic reaction	<input type="radio"/> Yes	<input type="radio"/> No	Allergic rhinitis	<input type="radio"/> Yes	<input type="radio"/> No
Latex product allergy	<input type="radio"/> Yes	<input type="radio"/> No	Allergic conjunctivitis	<input type="radio"/> Yes	<input type="radio"/> No
Family history of asthma or allergy	<input type="radio"/> Yes	<input type="radio"/> No	Hay fever	<input type="radio"/> Yes	<input type="radio"/> No
Heart valve disease or defect	<input type="radio"/> Yes	<input type="radio"/> No	Animal allergy (any kind)	<input type="radio"/> Yes	<input type="radio"/> No
Other, Describe:	<input type="text"/>			<input type="radio"/> Yes	<input type="radio"/> No

c. Symptom Exacerbation: If you marked "yes" to any of the above symptoms or diagnosed conditions, are they made worse when handling the designated research animals or entering the animal research area?

Yes No Don't know/ Choose not to answer

2. Immunizations and Screenings

-Tetanus immunization is highly recommended for all individuals with animal contact. A booster shot is needed if it has been 10 or more years since the previous tetanus immunizations.

-Employees who work with human or primate blood, unfixed tissues cell lines or stock; or any material subject to the OSHA Bloodborne Pathogens Standard shall be enrolled in the University's Exposure Control Program.

-Rabies immunization or proof of titer is recommended for individuals who work with ferrets or may be exposed to bats, canines, raccoons, or squirrels.

a. Have you had the tetanus vaccine? Yes No Month/Year of last tetanus vaccine

b. Have you had a rabies vaccine? Yes No Month/Year of last rabies vaccine

Month/Year of rabies titer Titer result

3. Other Health Information

a. Other Information: Do you have any condition that could affect your ability to perform your research duties without risk of illness or harm? Examples of such conditions include, but are not limited to: pregnancy, asthma, COPD, organ transplant, cancer treatment, cystic fibrosis, diabetes, lupus, HIV infection. Do you have any health or workplace concerns not covered by this questionnaire that you would like to discuss confidentially with the healthcare provider? Please also list any additional information that you think could be useful in this occupational risk assessment.

b. Health Issues Already Addressed: Please list which, if any, of the conditions listed above (including section C.1) are already being addressed satisfactorily with your personal healthcare provider.

Part D: Next Steps and Certification

After completing this questionnaire, submit it directly to a medical professional. Do not submit pages 1-2 to the IACUC.

- **Students** may submit the form to the Abrons Student Health Center on the UNCW campus. Students are advised to make an appointment with the health center for this purpose. The health center will not charge students for this evaluation.

- **Faculty/staff** may submit the form to Medac Corporate Health or a preferred private medical provider. If using Medac, submit by email to corporatehealth@urgentcaregroup.com and copy Marcy Everett (Marcy.Everett@urgentcaregroup.com). Please include a **phone number where you can be reached** during normal business hours on Wednesdays. Please also include instructions to invoice **UNCW PO #P0154741**. They will review forms on Wednesdays and will contact you if they need more information or have questions. They will return signed Healthcare Provider Clearance Form (next page) by email on Thursdays.

By signing below, I certify that, to the best of my knowledge, I have included accurate and complete information on this form. I give permission to my principal investigator, the UNCW IACUC, the UNCW Env Health & Safety Dept, and the healthcare provider who reviewed this form to confidentially maintain a copy of the Healthcare Provider Clearance Form. I understand that if I plan to work with a species not listed above, or my health status changes while working with live, vertebrate animals, I will need another risk assessment.

Applicant Name

Applicant Signature

Date Completed

UNCW Institutional Animal Care and Use Healthcare Provider Clearance Form

****This form is to be completed by a Healthcare Provider****

Name of Individual

I, a medical professional, have reviewed the risk assessment form for the UNCW Health Surveillance Program for vertebrate animal exposure for the individual listed above, and determined the following:

Individual is cleared to work with the following animals:

Recommend airborne allergen mitigation:

PPE

N95 Mask/Respirator

Recommend specific training:

Recommend vaccinations:

Recommend booster (List type and date needed):

Recommend an in-person visit for further assessment. (List any assessment comments below).

Other:

By signing below, I confirmed that I have reviewed this form and made recommendations. This does not constitute a legal attestation that the individual listed above is without risk of exposure to vertebrate animals.

Title

Signature

Date

Instructions:

***Medical Provider:** Complete and sign this clearance form and **return it to the individual that submitted it** to you.

ATTENTION MEDAC CORPORATE HEALTH BILLING: Please invoice UNCW **PO #P0154741** and direct invoice to the UNCW Research Integrity Office (iacuc@uncw.edu)

***UNCW Applicant:** Return a copy of this clearance form to the PI of all IACUC protocols you are listed on and retain a copy for your records. Please discuss any health recommendations with the PI of the study.

***UNCW PRINCIPAL INVESTIGATORS:** Send a copy of this Healthcare Provider Clearance Form (this page only) to IACUC at IACUC@uncw.edu. Retain a copy of this page for your lab records and for future reference. You will need to provide the date of medical clearance for each research team member when filling out your IACUC application.