**HEALTH SCREENING TEMPLATE**

All MTSU members who plan to involve animals in their research or teaching practices must complete healthcare screening in order to be included in an IACUC protocol. This screening is a mandatory procedure under the federal requirement to ensure that all individuals who are included in practices involving animals do not experience risks posed by exposure to animals. This screening is conducted in accordance with Occupational Health and Safety Program (OHSP) guidelines.

Completion Instructions:

* This healthcare screening packet consists of two forms:

1. Health Screening Questionnaire, and
2. Health Screening Certificate – to be sent to the IACUC by the physician.

* Both of these forms must be filled out by the applicant before printing.
* Pages 2, 3, 4 and 6 have space or clickable boxes for the applicant to fill.
* Segments to be filled out by the health screener should not be filled out by the applicant.
* Students must obtain a signature from their faculty advisor in the space provided on

Page 2.

* Present Page 2 to your faculty advisor (if the investigator is a student) and obtain his/her signature in the space provided after you have filled in his/her name and printed this page.
* After completing these forms, send the original to your health screener as instructed below.
* The health screener will review the questionnaire and will take appropriate action.
* The physician’s office will send your certificate directly to the IACUC once you clear the health screening.
* The physician will contact you directly if there are any issues.
* The IACUC or other members of the Office of Research Compliance will not have access to your confidential sensitive information at any time.

Submission Instructions:

* *An original copy of this form must be submitted in a sealed envelope to MTSU Health Services. The health screener will not evaluate incomplete applications.*
* *A physician will review the form and will contact the MTSU Office of Research Compliance once your health screening has been completed.*
* ***Be assured that no health information will be shared with the Office of Research Compliance.***

**[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&frm=1&source=images&cd=&cad=rja&docid=MqeLdYfo-3DESM&tbnid=JUEgbtgzDUvRVM:&ved=0CAUQjRw&url=http://www.nashvillescene.com/pitw/archives/2010/10/28/should-mtsu-change-its-name&ei=EJJ6UtHUDtSKkAecpIH4Dw&psig=AFQjCNHQBWedQHnODUHks_fWz0-yl_KAxA&ust=1383850878992302)**

**IACUCF008: HEALTH SCREENING QUESTIONNAIRE**

|  |  |
| --- | --- |
| Name: | Today’s Date: |
| M#: | Date of Birth:       Age: |
| Department: | Gender: |
| Email Address: | Phone Number: |
| Address: | City, State & ZIP: |
| Faculty Advisor (if student): | Emergency Contact: |

Work Exposure

Please check what you will be exposed to during the course of your work:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Amphibians |  | Cows/horses |  | Animal Waste |  |
| Birds |  | Insects |  | Needles, sharps, scalpels |  |
| Cats or Dogs |  | Formaldehyde |  | Radiation producing devices (x-ray) |  |
| Pigs |  | Infectious Agents |  | animal blood, tissues, cells |  |
| Rodents |  | Anesthetic Agents |  |  |  |
| Rabbits |  | Carcinogens |  | Highly toxic chemical |  |
| Bats |  | Heavy Metals |  | Antineoplastic drugs |  |
| Fish |  | Lasers |  | Biological Toxins |  |
| Reptiles: turtles, snakes, lizards |  | nanotechnology |  | Radioisotopes |  |
| Raccoons, squirrels, skunks |  | Poisonous/toxic plants |  | Reproductive mutagens/teratogens |  |

***FOR STUDENTS ONLY:*** Only this page is to be shared with your faculty advisor. Once you have obtained the faculty advisor’s signature, continue on to the next pages of this document.

As the faculty advisor/supervisor for this student, I have reviewed the above work exposure list and what is indicated is correct:

Faculty Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Advisor’s Name:

Vaccination History (provide dates [MM/YYYY] as accurately as possible):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tetanus (Td or Tdap) |  |  |  |  |
| Hepatitis A |  | Hepatitis B |  |  |
| Rabies |  |  |  |  |
| PPD (TB Test) |  | PPD (TB test result) |  |  |

*Note: The TN Dept of Health recommends a primary series of rabies vaccine if ongoing contact with cattle and horses in rabies enzootic areas (Middle and East TN). This is not a requirement.*

Allergy History:

Have you ever had a life threatening allergic reaction?

If yes, what caused the reaction?

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dogs |  | Trees |  | Rats or mice |  |
| Rabbits |  | Chemicals |  | Mold |  |
| Farm Animals |  | Medications |  | Grasses |  |
| Sheep(wool) |  | Cats |  | Wood |  |
| Guinea Pigs |  | Swine |  | Latex |  |
| Weeds or other plants |  | Birds (feathers) |  | Foods |  |
| Other: |  |  |  |  |  |

If you answered yes to any allergen listed above, please describe the symptoms you experience and what medication you take, or use, to treat these allergies.

Health History

Do you have any of the following conditions? If so, please provide details of each condition.

|  |  |  |
| --- | --- | --- |
| **Medical Condition** | **Response** | **Details** |
| Asthma | Yes  No |  |
| Compromised Immune System | Yes  No |  |
| Eczema | Yes  No |  |
| Tuberculosis | Yes  No |  |
| Lung Disease | Yes  No |  |
| Diabetes | Yes  No |  |
| Prior illness related to animal research? | Yes  No |  |
| Are you pregnant? | Yes  No |  |
| Any other health conditions that we should know about? | Yes  No |  |

Is there any additional health information that we should be aware of in order to make a comprehensive assessment of your risk factors while participating in the animal research at Middle Tennessee State University? If so, please explain:

Would you like to speak to a health care provider about any health issues?  Yes  No

Please speak to your health screener if you checked “Yes” to the previous question

All health information on this form will be kept confidential and only viewed by a health care provider at MTSU Health Services. That provider may have the need to contact you to clarify information provided by you. The outcome of this review may require that you obtain further medical evaluation and/ or vaccinations in order to ensure your safety when working in the animal research program. You will need to complete this health screening process on a yearly basis or if you have any changes in your health status.

My signature below acknowledges that I have reviewed all sections of this document and that the information I have provided is accurate, and permission is granted for MTSU Health Services to conduct the Health Screening so that I may participate in animal research at MTSU.

Name       Signature Date

*Submission instructions: An original copy of this form should be submitted in a sealed envelope to MTSU Health Services. A physician will review the form and will contact the MTSU Office of Research Compliance when your health screening has been completed. Be assured that no health information will be shared with the Office of Research Compliance.*

(This page must be completed only by the health screener – GO TO PAGE 6)

Health Screening Medical Review:

The researcher is cleared to participate in the animal research program for one year. No additional vaccinations or medical follow-up necessary at this time.

Follow-up necessary:

Physician Name Signature Date

(Please PRINT)

Post Follow-up Medical Review *(only if necessary from above):*

Additional medical information has been reviewed and initial medical concerns and/or vaccination deficiencies have been addressed. The researcher is cleared to participate in the animal research program for one year.

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Physician Name Signature Date

(Please PRINT)

**[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&frm=1&source=images&cd=&cad=rja&docid=MqeLdYfo-3DESM&tbnid=JUEgbtgzDUvRVM:&ved=0CAUQjRw&url=http://www.nashvillescene.com/pitw/archives/2010/10/28/should-mtsu-change-its-name&ei=EJJ6UtHUDtSKkAecpIH4Dw&psig=AFQjCNHQBWedQHnODUHks_fWz0-yl_KAxA&ust=1383850878992302)**

**IACUCF008A: HEALTH SCREENING CERTIFICATE**

**(The Student/Employee must complete all fields highlighted in yellow)**

Click here to enter a date.

Employee/Student’s Name: Click here to enter text.

Employee/Student’s Email: Click here to enter text.

Department/Unit: Click here to enter text.

Protocol ID: Click here to enter text. (\*\*MANDATORY\*\*)

Protocol Title: Click here to enter text.

Faculty Advisor (protocol PI): Click here to enter text.

Advisor’s Email Click here to enter text.

**Instructions to the investigators**:

1. Investigators who are seeking an IACUC protocol or those who currently have an active MTSU IACUC protocol must complete this form.
2. **Obtain a protocol ID before submitting this form. The Office of Research Compliance will not process this health screening without a protocol ID.**
3. This form MUST be filled out electronically (except the portion to be filled out by the health screener).
4. **🡺 HAND WRITTEN FORMS WILL NOT BE ACCEPTED 🡸**
5. The completed form must be brought to MTSU Health Services or to your health provider.
6. Please request the health screener to directly send this signed document by email to [iacuc\_submissions@mtsu.edu](mailto:iacuc_submissions@mtsu.edu) (preferred) or by campus mail to Box 134.

------------------------SECTION BELOW MUST BE COMPLETED BY THE SCREENER-------------------

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

Health screening for the above-named individual was completed on: \_\_\_\_\_\_\_\_\_\_\_\_\_

Immunizations for the above named individual were reviewed and I attest that they are up to date. If working with animals should pose additional risk or health concerns to the above-named individual, he/she has been counseled and advised by a physician regarding those issues (for students) or referred to their primary care physician for follow-up (for faculty and staff).

Health Care Provider Name (PLEASE PRINT) Signature Date

Designation:

Telephone Number:

Affiliation:

**Note to the Health Screener**: Please send this attested certificate by one of the following means:

1. Send scan by email to [iacuc\_submissions@mtsu.edu](mailto:iacuc_submissions@mtsu.edu) (preferred)
2. The screening certificate can also be sent by campus mail to Box 134