

Monmouth University
Medical Evaluation Questionnaire for Research
Participants with Animal Exposure (Form B)

Purpose: All Monmouth employees/students working with research animals or entering the Monmouth University vivarium are required to complete this confidential questionnaire to identify applicable health and safety recommendations. The purpose of the following questions is to determine if you have any special health needs to work safely with animals.

Instructions: Please complete the form and sign below. **Please bring both the *Risk Assessment Work Evaluation (Form A)* and *Medical Evaluation Questionnaire (Form B)* to your scheduled appointment at Monmouth Medical Center Corporate Care.** Please submit the **original copy of the forms to the Monmouth University Health Center.** Receipt of both forms is required to receive clearance to work with or around research animals.

First Name (print): <hr/>	Last Name (print): <hr/>	MU ID#: <hr/>
Date of Birth: <hr/>	Telephone: <hr/>	Email Address: <hr/>
Home Address: <hr/>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> MU Faculty	<input type="checkbox"/> MU Staff <i>(For full-time or part-time employees with job duties in animal facilities OR animal research in their job description)</i>	<input type="checkbox"/> MU Student Worker <i>(Student employee with animal care identified in their job description)</i>
		<input type="checkbox"/> MU Student Researcher <i>(Not employed by MU or student worker with no job description for animal care)</i>

Medical Monitoring Status

Please indicate your medical monitoring status:

☐ **Initial (for all *NEW* faculty, staff, student workers and student researchers, and returning personnel with a change in research duties).** If you select ***Initial Review***, please complete the questionnaire as instructed.

☐ **Follow-Up (for faculty, staff, or student workers, and any personnel with a change in health status).**

If you select ***Follow-Up Review***, please mark one of the following choices and follow the directions. Persons who have been previously identified to work with limitations or restrictions are strongly encouraged to participate.

☐ I have thoroughly reviewed the medical questionnaire. I have not, to the best of my knowledge, experienced any changes to my health or physical well-being since the date of the last medical monitoring review. If, in the future, I want to participate in the Animal Research Medical Monitoring Program, I can receive the services at no charge to myself. ***If you have selected this option, please proceed to the end of the form, sign and date it, and return it to the Office of the IACUC to be kept in your confidential file.***

☐ I have thoroughly reviewed the medical monitoring questionnaire. Since the date of the last medical monitoring review, I have experienced a change (or am planning a change) in my health or physical well-being. ***If you selected this option, please respond to all sections within the questionnaire, sign and date it, and schedule an appointment with Monmouth Medical Center Corporate Care in Long Branch, NJ.***

Monmouth University
Medical Clearance for Research Participants with Animal Exposure

Please *submit the original copy of the Medical Clearance Form to the Monmouth University Health Center.*
This will be placed within your medical records.

Note to Barnabas Health medical staff: *THIS PAGE ONLY should be faxed to the Monmouth University Department of Health Services to: (732) 263-5353. Please attention it to Kathy Maloney, Director of Health Services.*

Name (Print):

MU ID #:

(Please print your name and place your MU ID# on top of every page)

This section is for the Reviewing Physicians only.

I have reviewed the examinee's form, and based on their responses:

- ☐ Examinee may perform the functions of their research with no medical restrictions.
- ☐ Examinee may not perform the functions of their research.
- ☐ Examinee may perform the functions of their research with specific limitations/accommodations.
- ☐ Examinee should receive a follow-up examination from their primary physician or healthcare provider.

Physician Name (Print)

Physician Signature & Date

Office Address:

Office Phone:

Physician's Recommendations:

Monmouth University

Medical History Questionnaire for Research Participants with Animal Exposure

Please submit the **original copy of the forms to the Monmouth University Health Center.**

Name (Print):

MU ID #:

(Please print your name and place your MU ID# on top of every page)

List ALL species of animals you will be working with at MU:

Describe your work with animals:

Immunizations:

Have you received any of the following immunizations?

Rabies Immunization ☐ Yes, Date: _____ ☐ Yes, but don't know date ☐ No
(Series of 3)

Hepatitis B Immunization ☐ Yes, Date: _____ ☐ Yes, but don't know date ☐ No
(Series of 3)

Tetanus Booster within the ☐ Yes, Date: _____ ☐ Yes, but don't know date ☐ No
last 10 years?

Do you have any of the following medical conditions?

Allergy and Respiratory Health History

YES

NO

☐☐

Asthma or other chronic respiratory disease

☐☐

Allergic skin reactions such as hives, rash, itching. If yes, explain:

☐☐

Skin conditions such as eczema, psoriasis, dermatitis.

☐☐

Known or suspected animal allergies. **Select any animal related reaction(s):**

☐ Runny/stuffy nose

☐ Itching eyes

☐ Sneezing

☐ Coughing

☐ Wheezing

☐ Chest tightness

☐ Shortness of breath

☐ Hives

☐ Skin rash

☐ Throat swelling

If yes, list animal(s):

☐☐

Known or suspected allergies to chemical, latex, food, or environment. If yes, please list:

☐☐

Are you currently using any respirator protection equipment (i.e. N95, half mask, full face, PAPR)?

☐☐

If yes, have you been fit-tested? List type of respirator/mask you are using:

Immune/Metabolic System Health History**YES****NO**☐☐

Are you currently taking any medication that suppresses your immune system? If yes, please list:

☐☐

Do you have any medical condition that might suppress the human immune system (e.g. cancer, leukemia, lymphoma, diabetes, HIV or AIDS, tuberculosis, liver/kidney disease, alcoholism)? If yes, please list:

☐☐

Do you have any other health concerns such as valvular heart disease, kidney, liver, heart disease/disorder, poorly controlled hypertension or diabetes? If yes, please list:

☐☐

In the past year, did you develop any new medical problems? If yes, please describe:

For Females**YES****NO**☐☐

Are you pregnant?

☐☐

Are you planning on becoming pregnant within the next year?

Note: Please alert the Office of the IACUC if or when you do become pregnant. This may impact your duties or your research, and must be taken into consideration when being assigned to certain protocols.

I have answered the questions on this form truthfully, and to the best of my recollection. The Institutional Animal Care and Use Committee (IACUC) may be informed only on the date of evaluation to verify my participation in the program, and whether or not I may continue to work with laboratory animals (or any restrictions in doing so).

Employee/Participant Signature

Date

*** To meet the requirements of the IACUC Occupational Health & Safety Program, Monmouth University is required to offer an annual Medical Monitoring Evaluation exam to all personnel whose job duties have changed, if the individual's academic work brings them in direct contact with animals and animal research and if their health status has changed. The Occupational Health & Safety Program requires all individuals to submit an update of their risk assessment work evaluation and medical health status annually. Failure to comply will result in revoked access to animal facility until medical clearance has been received. Any questions, please contact the Office of Research Compliance at (732) 263-5726 or email IACUC@monmouth.edu. ***