**The completion of this questionnaire is required for all those who will be working with laboratory animals or wildlife, or handling animal tissues or animal products**

**(such as tissue biopsies, blood, feces, etc.).**

This form’s purpose is to provide the Facility Manager with any information that they and you, feel is relevant regarding your medical condition and/or any treatment you may need in relation to the animals that you will be in contact with. All information provided will be kept in the strictest confidence in the Animal Care and Welfare’s Office (3-2089) and will only be shared with Emergency Medical Personnel should the need arise.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Select a date

Signature indicates that you have read and understood the above statement.

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| --- | --- |
| **Personal Information** | |
| **First Name:** | **Last Name:** |
| **UNBC ID Number:** | **Date of birth:** |
| **Gender:** MaleFemale  non-Binary  Other | |
| **Phone Number:** | **Email:** |

|  |  |
| --- | --- |
| **Emergency Contact Information** | |
| Name: | Relationship: |
| Phone: | Alternative phone: |
| Personal Physician: | Clinic Name: |

|  |  |  |
| --- | --- | --- |
| **Campus Information** | | |
| Department: | | Room/Building: |
| Phone extension: | | |
| **Position Description** | | |
| Principal Investigator  Researcher  Student  Veterinarian  Veterinary Technician  Animal Care Attendant  Other, please specify: | | |
| Supervisor name: | Email: | |
| Principal Investigator Name (if applicable): | | |

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| **Medical Information** |
| **Anticipated exposure to Animals**  Rodents (Mice)  Fish, amphibians or other aquatics  Small Mammals (Wildlife)  Other Wildlife, specify: |
| **Anticipated exposure to Infectious Agents?  No  Yes**  If answered yes, please specify: |
| **Known Animal Allergy?  No  Yes, Specify:**  Please describe symptoms (asthma VS rash etc):  Care required to control symptoms (Additional PPE VS medications VS EpiPen):  Are the symptoms still present with the use of medications/ PPE:  No  Yes |
| **Latex Allergy?  No  Yes** |
| **Other known or suspected allergies?  No  Yes, Specify:**  Please describe symptoms (asthma VS rash etc):  Care required to control symptoms (Additional PPE VS medications VS EpiPen):  Are the symptoms still present with the use of medications/ PPE:  No  Yes |
| **Other medical/health information?** This includes anything that may affect your ability to be around or work with any animal and their specific environment  **No  Yes, Specify:**  Please describe:  Care required to control symptoms (Medications VS other):  Are the symptoms still present with the use of medications/ PPE:  No  Yes |
| **Immune Status**  Are you immunocompromised?  **No  Yes, Specify:**  **Immunization Status**  Have you received any of the following vaccinations, please list date if available  **Tetanus**  **No**  **Yes, Date:** Select a date  *\*Recommended for ALL risk groups as Tetanus is a bacteria commonly found in the environment. Must be done every 10 years.*  *-Tetanus shots are free for BC residents. Please contact your physician or the Northern Interior Health Unit at 250-565-2999 to schedule an appointment.*  **Hepatitis B  No  Yes, Date:** Select a date  *Recommended for individuals that deal with human blood, blood products, body fluids or tissues (including cell lines and tumours).*  **Rabies  No  Yes, Date:** Select a date  -*Please discuss with your supervisor if rabies vaccination should be considered.*  -*Vaccines are costly and may not be covered by the province or medical plans. If already vaccinated, an annual titer is recommended.*  *For more information about rabies in Canada please visit the Canadian Food Inspection Agency’s website:*  <http://www.inspection.gc.ca/animals/terrestrial-animals/diseases/reportable/rabies/rabies-in-canada/eng/1356156989919/1356157139999> |

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| --- |
| **Consent for Examination** |
| To ensure your health, you may be requested to obtain various tests prior to, during or after working with animals. These tests could include, but are not limited to, allergy testing, blood tests, stool parasitology, bacteriology and/or cultures. This request may be made by a medical doctor, UNBC Health & Safety, your supervisor, or the Research Facility Coordinator.  **I, Consent to any medical or diagnostic test that may be requested of me to perform my job  No  Yes** |

Please note: Many zoonoses have symptoms similar to common ailments, such as influenza. If you have such symptoms, **please consult a medical doctor and inform your supervisor, the Health & Safety department and, if applicable, the facility coordinator, to ensure the problem is not related to your work with research animals.**

For more information: If you are working with laboratory animals, please refer to SOP *F-1 Procedures for Occupational Health and Safety*. If you are working with wildlife, please refer to the *Field Procedures and Safety Manual*.

**I certify that, to the best of my knowledge, the information provided above is accurate.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date** Select a date

***Information provided in this questionnaire will be recorded in and maintained within your***

***confidential medical records***

FOR LABORATORY STUDIES PLEASE RETURN FORM TO:

Manager of Animal Care and Welfare, Facility Co-Ordinator

Administration Building 3-2089

Or by email: [acuc@unbc.ca](mailto:acuc@unbc.ca)

FOR FIELD STUDIES, THIS FORM NEEDS TO BE COMPLETED ALONG WITH THE

“FIELDWORK CRITICAL DATA FORM”, AND RETURNED TO YOUR SUPERVISOR