



**Union College**  
**Occupational Health Questionnaire for Access to Animal Areas**  
*This page will NOT be forwarded to Animal Care*

*This section should be filled in by the individual under medical review:*

**Name:**

**UC ID:**

**Have you had the rabies vaccination?** **Yes** **No**  
**If yes, date:**

**Have you ever worked with animals before?** **Yes** **No**  
**If yes, please describe (include number of years worked with each species):**

**Have you ever had allergies?** **Yes** **No**  
**If yes, please describe:**  
**If yes, do you carry an epipen?** **Yes** **No**

**Have you ever been diagnosed with asthma?** **Yes** **No**  
**If yes, please describe:**  
**If yes, do you carry a rescue inhaler?** **Yes** **No**

**Are you immune suppressed?** **Yes** **No**  
**If yes, please describe:** chemotherapy diabetes splenectomy other:

**Do you have a history of heart valve disease?** **Yes** **No**  
**If yes, please describe:**

**Please describe any other health conditions you think may be pertinent to working with animals:**

**Please describe any animal related training you have had:**

**Signature:**

**Date:**

*This section should be filled in by a licensed medical practitioner*

**Date of most recent Td/DTaP:**

**Date of most recent TB skin test (TST):** **Result:** **Negative** **Positive**

**If positive, date of last chest X-ray:** **Result:** **Negative** **Positive**

**If positive, date of last Tspot/QTF-G:** **Result:** **Negative** **Positive**

**Union College**  
**Medical Clearance Verification for Access to Animal Areas**

The following section is to be completed and signed by a licensed medical practitioner once the first two pages are completed and reviewed. Both the licensed medical practitioner and the individual under medical review should sign below. This page should then be submitted to Union College's Institutional Animal Care and Use Committee at [iacuc@union.edu](mailto:iacuc@union.edu) or through mail to:

IACUC Chair  
c/o Department of Biological Sciences  
Union College  
807 Union Street  
Schenectady, NY 12308

Following the review of the completed Occupational Health Questionnaire, [insert name of individual under medical] has been cleared to access the animal facilities on Union College's campus as follows:

APPROVED  
APPROVED WITH THE FOLLOWING RECOMMENDATIONS:

**Licensed Medical Practitioner**

**Printed Name:**

**Credentials:**

**Signature:**

**Date:**

**Office Stamp:**

The following section is to be completed and signed by the individual under review:

I, [insert name of individual under medical review], have reviewed this form and any recommendations made above by the licensed medical practitioner.

**Name of individual under medical review:**

**Email:**

**UC ID Number:**

**Cell Phone:**

**Signature:**

**Date:**