

MACALESTER COLLEGE SCIENCES DIVISION
HEALTH HISTORY FOR PERSONNEL WITH ANIMAL CONTACT

1A. Name: _____ Student ID: _____ Date: _____
Mailing Address: (if not Macalester) _____

Phone # _____ E-mail: _____@macalester.edu

1B. Supervisor's name: _____ Department: _____

2A. Check all species contacted within Macalester College Sciences Division:

- | | |
|---|--|
| <input type="checkbox"/> Rodents (specify below): | <input type="checkbox"/> Reptiles (list) _____ |
| <input type="checkbox"/> Mice | <input type="checkbox"/> Invertebrates _____ |
| <input type="checkbox"/> Rats | <input type="checkbox"/> Amphibians (list) _____ |
| | <input type="checkbox"/> Others (list) _____ |

2B. Total number of hours of animal contact:

- Less than or equal to four hours per week
 More than four hours per week

2C. Type of work:

- Research, Teaching please specify: _____
 Animal Care

3A. What is the date of your most recent tetanus diphtheria (Td) booster? _____
(Please mail proof of recent Td booster if not on file at Winton Health Services)

3B. Have you completed a series of three rabies vaccinations? Yes No
If yes, when was your series completed? _____

- Have you ever had a rabies booster? Yes No
If yes, when? _____
- 4A. Do you have any allergies to animals? **Yes** No
(Employees with suspected work related allergies are strongly encouraged to seek evaluation and treatment from their family physician)
- 4B. Have you ever contracted an illness or had a serious injury from an animal or in animal-related work? **Yes** No
- 4C. Have you ever had back trouble or pain that required treatment or resulted in loss of time at work? **Yes** No
- 4D. Do you have joint problems or any form of arthritis? **Yes** No
- 4E. Are you on any immunosuppressant drugs? **Yes** No
5. Please note any other health history you consider significant and **describe or explain any yes answers given in section 4:**

When completed, please return to the Animal Facility Supervisor.