**This form is to be used by all University Personnel Handling Laboratory Animals:**

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| Name: Click here to enter text. | EID/SID No.:       |

The Institutional Animal Care and Use Committee (IACUC) requires that all university personnel who engage in research and teaching involving contact with laboratory animals or tissues must present evidence of the following upon hiring and every other year thereafter:

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| 1. A recent medical/health history evaluation with a special emphasis on:
* status of the immune system
* recent and/or current infections
 | Date:       |
| 1. A tuberculosis (TB) evaluation (skin test and/or chest x-ray)
 | Date:       |
| 1. A recent tetanus immunization
 | Date:       |
| 1. Special requirements: (not to be addressed if none are written below):

Click here to enter text. |

**Please take this form to a physician for completion or verification of health status.**

The physician will confirm to the University of Texas Rio Grande Valley (UTRGV) this report indicating that health assessment and immunizations (or evidence of) have been completed and that no health risks have been identified that will prohibit contact with laboratory rats or mice or other laboratory animal species or their tissues, (listed as follows):

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| * If there are no identified health risks, and all health information is complete, the healthcare professional or physician will sign this form as approval to begin assigned research/work. The official health/medical record of this person will be maintained by the healthcare provider.
 |
| * Name of faculty/staff/student: Click here to enter text.

has presented to me evidence of having all of the health documentation and assessment required above and has no apparent health risks concerning handling laboratory animals/tissues. |

Please sign below and attach letterhead or business card:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Printed Name: Click here to enter text., Physician

**Declination Statement: (please check the box if it applies)**

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|[ ]  By checking and signing below you are indicating that you decline further participation in the health program at this time, and that you understand that due to your occupation and potential exposure to animals that you may be at risk for allergies, injury, or zoonotic diseases. |

Only sign below if declining:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

 Printed Name: Click here to enter text., Physician

Return Form to: ***The University of Texas Rio Grande Valley***

 ***Institutional Animal Care and Use Committee***

 ***One West University Blvd.***

***Biomedical Research and Health Professions Building 2.210A***

 ***Brownsville, TX 78520***