

## Cornell College Animal Lab Worker – Health History Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Status: Faculty \_\_\_\_\_ Undergraduate Student \_\_\_\_\_

Please list the animals with which you will be working:

\_\_\_\_\_

Have you worked with animals before? Yes \_\_\_ No \_\_\_ If yes, please list which ones:

\_\_\_\_\_

**Past Medical/Surgical History** (any illnesses or conditions that you have):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medications** (please list anything that you take on a regular basis-prescription or non-prescription):

\_\_\_\_\_

\_\_\_\_\_

**Allergies** (animal, latex, medication, environmental)-list allergy, type of reaction and usual treatment:

\_\_\_\_\_

\_\_\_\_\_

Are you pregnant, or do you plan to become pregnant in the next year? Yes \_\_\_ No \_\_\_

Do you have lowered immunity because of illness/medications? Yes \_\_\_ No \_\_\_

**Tetanus/Diphtheria** (Td or Tdp) immunization? Yes \_\_\_ No \_\_\_ Most Recent \_\_\_\_\_

**\*The above answers are accurate and complete to the best of my knowledge. I understand that this information may be shared with my lab supervisor or related lab personnel.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Concerns identified: \_\_\_\_\_