Claremont McKenna College & Harvey Mudd College
Medical Monitoring Program for Vertebrate Animal Exposure Enrollment and Risk Assessment Form

Instructions

Complete, sign, and return this form in a sealed envelope to the CMC Environmental & Chemical Hygiene Officer (ECHO) at the RDSC, room 038, or the ECHO mailbox in the RDSC mailroom. If you have questions or concerns relating to the program, email echo@cmc.edu.

Identification information

First Name _____ Last Name _____ Phone number _____ College e-mail address _____

Department _____ Principal Investigator (PI)/Supervisor _____ PI/Supervisor e-mail _____ Laboratory Location _____

Animal contact information

Check one work title that best describe your duties

- Principal Investigator ☐
- Post doc. researcher ☐
- College animal care employee ☐
- Laboratory technician ☐
- Custodian or Maintenance staff ☐
- Undergraduate research student ☐
- Volunteer ☐
- Other _____ ☐
- *Visiting researcher ☐

Please name your institution: _____

Check all applicable procedures/work environment

- Observation and recording of animals ☐
- Perform animal surgeries ☐
- Handling & holding of animals ☐
- Handling unfixed tissues ☐
- Husbandry & care of animals ☐
- Housekeeping ☐
- Cage cleaning ☐
- Work in field ☐
- Heavy lifting ☐
- Other: _____ ☐
- New/additional animal contact ☐

Check all applicable species used and frequency of contact with animals or viable animal tissues, fluids or wastes

Type of animal contact	daily	More than 3x/ week	More than 3x/ month	Less than 12x/ year	Typical contact time last about
Mice	☐	☐	☐	☐	___Hr ___min.
Rats	☐	☐	☐	☐	___Hr ___min.
Amphibians	☐	☐	☐	☐	___Hr ___min.
Reptiles	☐	☐	☐	☐	___Hr ___min.
Fish	☐	☐	☐	☐	___Hr ___min.
Birds	☐	☐	☐	☐	___Hr ___min.
Wild animals	☐	☐	☐	☐	___Hr ___min.
Other: _____	☐	☐	☐	☐	___Hr ___min.

*** Note: If you are a visiting-researcher, you may be exempt from the CMC-HMC medical monitoring program if you provide proof of previous medical monitoring or enrollment in a similar program from your host institution.**

Additional information

	Yes	No
Have you enrolled in the Medical Monitoring Program before at CMC-HMC? If yes provide year and month of enrollment. _____	☐	☐
Will you have research animal contact more than 3 months?	☐	☐
Date of anticipated or initial contact with research animals at CMC or HMC: _____		
Do you have any allergies to animals? If yes, explain: _____	☐	☐
Do you have any allergies to any chemical substance (i.e. formaldehyde, latex, etc.)? If yes list: _____	☐	☐
Do you have any preexisting condition that the occupational health physician should be made aware of, or do you anticipate having a future condition (i.e. asthma, pregnancy, organ transplant, immunosuppressed) which could affect your ability to perform your research duties without risk of illness or harm? If yes, please discuss these conditions with the CMC Physician Assistant. All medical records are kept in the RDSC ECHO office. No medical records are provided to CMC or HMC.	☐	☐
Will you be working with animals experimentally or naturally infected with an infectious agent known to cause disease in healthy adult humans, or an agent known to cause disease in animals, which is infectious to human cells or a zoonotic agent? If yes, list: _____	☐	☐
Will you be working with animals that will contain hazardous chemicals or radioactive materials? If yes, list: _____	☐	☐

Please list any additional information that you think that could be useful in the risk assessment: _____

The healthcare service provider may contact you if there are any further questions based on your responses here.

Authorization to disclose medical information

To determine the suitability of working in the research environment described in this form, I consent to (a) allowing a representative of the Medical Monitoring Program to disclose this executed form to a licensed medical professional for medical review and (b) allowing the licensed medical professional to disclose the determination of the medical review with a representative of the Medical Monitoring Program. I acknowledge my right to revoke this authorization in writing by submitting the revocation to the ECHO at the address noted at the top of this form; except, however, such revocation will not apply to the extent Claremont McKenna College, Harvey Mudd College, or its agents have taken action in reliance on this authorization. I acknowledge that CMC and HMC will not condition treatment, payment, or health plan enrollment or eligibility on this authorization. Finally, I acknowledge that once information is used or disclosed, such information may be subject to re-disclosure by the recipient and may no longer be protected under the Health Insurance Portability and Accountability Act.

Vertebrate animal contact acknowledgement

You will be contacted by a representative of the MMPVAE upon completion and return of this form.

I acknowledge that I have read this form and reviewed the *Medical Monitoring Program for Vertebrate Animal Exposure description*.

Signature and certification

I hereby acknowledge that the statements, representations, and authorizations contained in this form are accurate and complete to the best of my knowledge, and that this form and the results of any medical review of this form will be deemed part of my employment/education record.

Name (please print) _____ Signature _____ Date _____

For healthcare provider use only

Provider Review and Attestation: I attest that I have reviewed this completed form with the individual named above, discussed any relevant risks, and provided recommendations as appropriate based on the information disclosed.

Provider Name (print): _____ **Provider Signature:** _____ **Date:** _____