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INSTRUCTIONS for the Ithaca College Animal Care and Use Health Risk Assessment

EITHER:

 A. PRIMARY SCREEN BY HAMMOND HEALTH

* Complete Section 1 of the **Health Risk Approval Form**
* Complete the **Health Risk Assessment Screening** confidential medical questionnaire.
* Place both forms in a sealed envelope addressed to

 Jennifer Metzgar, Hammond Health Center

* **Submit the envelope either to your PI or to Jess Kerns** (Biology Lab Coordinator, CNS 171)
* You will receive notice from IACUC if you are cleared. If there are concerns, you will need to set up a consultation with a health care provider.

OR:

 B. PROCEED DIRECTLY TO CONSULTATION WITH A HEALTH CARE PROVIDER OF YOUR CHOICE

* Complete **Section 1** of the **Personal Health Risk Approval Form**
* Take the form and the information about animal care hazards to a consultation with a health care provider.
* Have the provider complete **Section 3** of the **Approval Form**
* Submit ONLY the **Approval Form directly to the Ithaca IACUC**:

 Scan and email to iacuc@ithaca.edu

 or

 mail to
 Institutional Animal Care and Research Committee

 c/o Sponsored Research

 Provost's Office

 Ithaca College

 953 Danby Rd

 Ithaca, NY 14850

**Ithaca College Animal Care and Use Personal Health Risk Approval Form**

This person is proposing to participate in Ithaca College's animal care and research use program. In accordance with federal Public Health Service Policy on Humane Care and Use of Laboratory Animals (PHS Policy), all personnel must have their personal risks to hazards associated with animals and animal research evaluated by a healthcare professional for clearance to participate in Ithaca College's animal care and use program.

**SECTION 1: TO BE COMPLETED BY PERSONNEL**

Name IC ID

Email Supervisor/Faculty Mentor

**Animal Contact**

Your role: Check all that apply

 Student Animal Care Worker

 Student Researcher

 Faculty Principal Investigator

 Fulltime Animal Care Employee

Indicate the animals or animal tissues that you will interact with:

|  |  |  |
| --- | --- | --- |
|  | Care  | Research  |
| Rats |  |  |
| Guinea Pigs |  |  |
| Hamsters |  |  |
| Mice in BSL2 lab |  |  |
| Other: |  |  |
|  | Care  | Research  |
| Fish |  |  |
| Reptiles or Amphibians |  |  |
| Wild Rodents | n/a |  |
| Wild Primates | n/a |  |
| Bird |  |  |

**SECTION 2: SCREENING OPTION TO BE COMPLETED BY HAMMOND HEALTH HEALTHCARE PROFESSIONAL**

 Is cleared to work in animal care and research.

 Is not cleared to work in animal care and research at this time. A follow-up consultation and clearance by a health care provider is required.

Signature Date

**SECTION 3: TO BE COMPLETED BY HEALTHCARE PROFESSIONAL PERFORMING THE MEDICAL EVALUATION**

\_\_\_\_\_\_\_\_\_ is cleared to work in animal care and research without limitations.

\_\_\_\_\_\_\_\_\_ is cleared to work in animal care and research only under the following limitations or conditions (e.g. specific protective equipment, restricted time frames, degree of contact, or species):

\_\_\_\_\_\_\_\_\_ is not cleared to work in animal care and research.

Medical Review By (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_

Reviewing Healthcare Professional’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_