

Category A - Medical and Occupational History
 University of Notre Dame - Freimann Life Science Center
CONFIDENTIAL MEDICAL INFORMATION

Name Mr. UNDERC DOB _____
 Physician _____
 Department BIOLOGICAL SCIENCES Supervisor/PI BELOVSKY
 Job Title SUMMER SCHOOL STUDENT Today's Date _____
 Professor/Faculty Post-Doc Graduate Student Undergraduate Student
 Technician/Staff Co-op Student Summer Employee Visiting Faculty Other _____

PART A: OCCUPATIONAL/ENVIRONMENTAL RISK FACTORS

I will be working with **OR** around animals Yes No _____
 I am involved with veterinary care or animal husbandry Yes _____ No
 I will perform surgical manipulations of animals Yes _____ No
 I will be working in Bio-Safety Level – 3 containment Yes _____ No

Check all that apply	Frequency of Exposure			
	Daily	1-4 times/wk.	1-3 times/mo.	< 1 time/mo.
Animal Species				
Mice				
Mice, Rodents (wild)		✓		
Rats				
Rabbits				
Guinea Pigs				
Amphibians, Reptiles		✓		
Fish		✓		
Chickens, Poultry (domestic)				
Birds (wild-caught)				
Non-Human Primates				
Wild Mammals (carnivores)				✓
Wild Mammals (other than rodents)			✓	
Tissue Type List Species				
Fresh Tissues/Fluids (non-biohazardous)		Depends on your project - Ask your mentor		
Fresh Tissues/Fluids (biohazardous)	N/A			
Fixed Tissues/Fluids (non-biohazardous)		Depends on your project - Ask your mentor		
Fixed Tissues/Fluids (biohazardous)	N/A			
Human Specimens	N/A			

Please use the back or additional sheets if needed when listing or explaining the exposure

Exposures in the Lab Environment	Yes	No	List/Explain
Parasites		✓	
Infectious agents/ r-DNA technologies		✓	
Other biological agents (adjuvants, vaccine)		✓	
Chemical carcinogens		✓	
Radiation		✓	
Known reproductive hazards/ teratogens		✓	
Hazardous chemical exposures			Depends on your project - Ask your mentor.

Part B: PERSONAL HEALTH HISTORY

Have you ever had the following diseases?

Tetanus: No ___ Yes ___ If yes, explain _____
 Hepatitis B: No ___ Yes ___ If yes, explain _____
 Naturally-acquired measles (rubeola)? No ___ Yes ___
 Have you ever had the following immunizations?