

**TULANE UNIVERSITY
ANIMAL HANDLER HEALTH SURVEILLANCE PROGRAM
DECLINATION OF MEDICAL EXAMINATION (“DECLINATION” FORM)**

Information provided in this document is considered **CONFIDENTIAL**. Please return the **ORIGINAL** completed form to the Office of Environmental Health and Safety (OEHS), TW-16. If you have any questions, please call the OEHS at 988-5486.

Select either option below:

- I acknowledge that I have completed the Risk Assessment and History Form (RAHF) as required for participation in the Animal Handler Health Surveillance Program at Tulane University. On the form under History, I checked “YES” which indicates that I do experience the designated symptom(s) when working with or exposed to animals and/or I checked “YES” to being diagnosed or otherwise identified as having one or more of the listed conditions. At this time, I do not want a medical examination.
- I acknowledge that I have NOT completed the Risk Assessment and History Form (RAHF) but I do understand the risks and hazards of animal research. At this time, I do not want a medical examination.

Please complete table and print legibly

Name	Date of Birth (mm/dd/yy)	Email
Principal Investigator/Supervisor/Professor	PI/Supv/Professor Phone	PI/Supv/Professor Email
Campus	Department	Mail Code
Tulane affiliation (Check all that apply)		
<input type="checkbox"/> Faculty Member	<input type="checkbox"/> Vivarial Employee	<input type="checkbox"/> Research Technician
<input type="checkbox"/> Staff (non-technical)	<input type="checkbox"/> Undergraduate Student	<input type="checkbox"/> Graduate Student
<input type="checkbox"/> Other (NOT Tulane student or employee) PLEASE EXPLAIN:		
Check all that apply:		
<input type="checkbox"/> Class A - I anticipate handling rodents and/or their tissues, body fluids, or wastes.		
<input type="checkbox"/> Class B - I anticipate handling pigs, rabbits, dogs, cats, or ruminants (sheep, goats) and/or their tissues, body fluids, or wastes.		
<input type="checkbox"/> Class C - I anticipate handling non-human primates and/or their tissues, body fluids, or wastes.		
<input type="checkbox"/> Class D - I anticipate handling animals not previously discussed under the Classes A, B, C and/or tissues from animals experimentally infected with human pathogens. List species of animal: _____ List human pathogen: _____		
<input type="checkbox"/> I do not anticipate any contact with research animals and/or their tissues, body fluids or wastes.		

I understand that if I have any occupational exposure or contact with the above listed animal(s), I may be at risk of developing some of the symptoms or conditions listed in the History section of the RAHF. I acknowledge that I have been given the opportunity to receive a medical examination.

Signature (required)	Date
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