

ANIMAL WORKER
Statement of Fitness

SECTION A

WORKER INFORMATION

Check all that apply:

Name: _____

Employee ___ Faculty ___ Staff ___

(Last 4-digits) SS#: _____

Student (undergrad) ___ (grad) ___

PI or Supervisor: _____

Circle the animal(s) you will handle:

- Birds Cats Fish Mice Primates Rabbits
 Rats Other _____

SECTION B

PATIENT EXPOSURE INFORMATION

I have completed the training for animal workers and have discussed with BC Clinic staff the risk prevention measures associated with those animal-related diseases/exposures checked in the list below. Based on the information I have received, I willingly assume the risks attendant to my research, study, or employment and agree to take the necessary and proper precautions and procedures for my protection.

- Animal Allergies Zoonotic Diseases Wound Care
 Rat Bite Fever Chemical sensitivity Latex allergy
 Repetitive motion injury Exposure to sharp objects Heavy Lifting
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Does the Medical Reviewer find this candidate fit for working in an Animal Research Lab? Yes No

Medical Reviewer Signature

Date

Patient Signature

Date