

**ANIMAL USE MEDICAL SCREENING FORM**

**– Short Version –**

**The information you provide in this form is confidential.** We cannot complete the clearance process unless you provide all requested information. If you have any questions, you can contact the EH&S Employee Health Center (EHC) at emphlth@uw.edu or 206.685.1026. Please return the completed form to EHC per the instructions at the end of the form.

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| **Name (Last, First, M.I.):**  | **If applicable, UW employee ID number (EID):**  | **Age:**  |
| **Job title:**  | **UW box number:** | **Daytime phone number:**  |
| **UW department, if applicable:** | **Supervisor:** |
| **Email:** | **UW campus work location:** |

**All UW employees, students, and visitors in an animal care and use environment must complete at least one Animal Use Medical Screening (AUMS).** If you have not yet completed at least one AUMS, you may not sign the declination below; please proceed to the next section.

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| **STATEMENT OF DECLINATION *(Only those who have completed an AUMS in the past may decline)*** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), decline to participate in the UW animal use medical screening process. I understand that declining could lead to unforeseen medical concerns. I also understand that I can change my mind about participating by contacting an Employee Health Center nurse at 206.685.1026 or emphlth@uw.edu. Employee/student/visitor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**If you signed the declination above, do not complete the rest of the form.** |

***CONTINUED on page 2***

**Please check yes or no for each statement below, to indicate whether it is true for you.**

| **ALLERGIES** |
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| **Yes** | **No** |  |
| [ ]  | [ ]  | I have experienced shortness of breath, coughing and/or wheezing while working with or around animals.  |
| [ ]  | [ ]  | I have experienced itchy or watery eyes and/or runny or stuffy nose while working with or around animals.  |
| [ ]  | [ ]  | I have known allergies (animals or other).  *If yes*, please specify type of allergy/ies:       |
| [ ]  | [ ]  | I have worn an N95 respirator or PAPR (positive air-purifying respirator) at work. |
| [ ]  | [ ]  | I have asthma. *If yes*, are asthma symptoms aggravated when working with animals? [ ] Yes [ ] No |
| [ ]  | [ ]  | I have skin problems related to work (e.g., rashes, reactions to latex).  |

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| **I have filled out the form truthfully and to the best of my knowledge.** Employee/student/visitor printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee/student/visitor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please return the completed form to the EH&S Employee Health Center (EHC) in one of the following ways:

* As an email attachment to emphlth@uw.edu
* Faxed to 206.221.5110
* In a sealed envelope marked “confidential” to EHC at UW Box 354400