VANDERBILT UNIVERSITY

MEDICAL CENTER

Institutional Animal Care and Use Committee (IACUC)

Medical Surveillance Compliance Verification Form

For use by VU/VUMC students, post-docs, and Educational Program Participants, & non-affiliated personnel.

*VU/VUMC Employees **must** visit the Vanderbilt Occupational Health Clinic.*

Vanderbilt University Medical Center (VUMC) and Vanderbilt University (VU) are committed to the health and well-being of all students and visitors. The Institutional Animal Care and Use Committee therefore promotes an Occupational Health policy designed to protect individuals (including visitors) that have occupational exposure to animals. This includes direct or indirect work/exposure with live animals in research/teaching projects, contact with unsanitized animal enclosures, work with animal tissues, fluids, and/or wastes, or entrance into animal facilities to provide service or support to animal equipment, devices, and/or facilities.

Individuals must assure compliance with VUMC IACUC requirements by completing this form via their home institution, their personal primary care provider, or – with prior approval from their host department – the Vanderbilt Occupational Health Clinic.

Today's Date: _____

Individual's Name: _____

Phone Number: _____

Department/Program: _____

Principal Investigator: _____

Individual will be working with:

- ☐ Non-Human Primates
- ☐ Sheep and/or Goats
- ☐ Rodents, Dogs, Cats, Ferrets, Rabbits and/or Birds
- ☐ Other: _____

To be completed by medical professional providing screening:

Date of compliance screening: _____

- ☐ Animal Allergen Compliant (required for individuals who will entering a facility where any species (except fish, reptiles, amphibians and other cold-blooded animals) is housed.
- ☐ TB Compliant (required for individuals who will be exposed to any live non-human primate)
- ☐ Herpes B Compliant (required for individuals who will be exposed to live macaques or handling their tissues)
- ☐ Q-Fever Compliant (required for individuals who will be exposed to live sheep and/or live goats or handling their tissues)

By signing this form, both the individual and medical professional are providing the Vanderbilt IACUC with assurance that the individual is compliant with the Animal Care Medical Surveillance program as indicated above.

_____ _____

Signature of Individual **Signature of Medical Professional Providing Screening**

Please return the completed form to the Office of Animal Welfare Assurance

Email: iacucsubmissions@vumc.org

Do not submit medical documentation to OAWA or the Vanderbilt Occupational Health Clinic.

Keep documentation of the exam in the personal medical records as appropriate.

If you have any questions, please call the OAWA Office at 615-936-8163.