Who must complete this form?

All incoming Veterinary Students must complete this form as part of their Student Health Requirements.

What is the purpose of this form?

- During your career as a vet student it is likely you will have exposure to infectious diseases and other hazards associated with animals.
- For some individuals, these hazardous exposures may carry greater risk.
- This form will help determine your risk of adverse health effects and identify preventive measures for protecting you from animal-related hazards.

Who will review this form?

- Your form will be reviewed by Cornell Health’s Occupational Medicine staff.
- They will reach out to you for follow up if appropriate.
- Please be assured that your personal health information at Cornell Health is confidential.
- If you have questions or concerns you would like to discuss with a member of our Occupational Medicine team, please call: 607.255.6960

Instructions

Complete the form and return ONE COPY only:

- UPLOAD through myCornell Health:
  - Go to mycornellhealth.health.cornell.edu
  - Log in with Cornell net ID, password, and date of birth.
  - From Home Screen, click on “Messages.”
  - Then “New message;” then “Send message or attachment to Health Records.”

- If you are unable to upload records, you may either fax them to 607-255-0269, or mail them to:
  CORNELL HEALTH
  ATTN: Health Records Department
  110 Ho Plaza
  Ithaca, NY 14853-3101

Deadline: June 15, 2018
VETERINARY STUDENT MEDICAL EVALUATION

Student information
Name (last, first, middle) ____________________________ Cornell ID ____________________________
E-mail ____________________________ Date of birth (mm/dd/yyyy) ____________________________
Preferred daytime contact phone number (including area code) ____________________________

Environmental allergies / asthma / skin problems
1. a. Are you allergic to any animals? If yes, list animals. □ □

   b. Describe the symptoms of your allergy to animals (e.g., runny nose, itchy eyes, chest tightness, cough). □ □

   c. Have you had these allergy symptoms during the past 12 months? □ □

   d. What animal allergy treatment are you currently using? ____________________________

2. a. Do you have other known environmental allergies? If yes, list substances (e.g., grass, trees, pollen, dust) that cause allergy. □ □

   b. Describe the symptoms of your environmental allergy (e.g., runny nose, itchy eyes, chest tightness, cough). □ □

   c. Have you had these allergy symptoms during the past 12 months? □ □

   d. What environmental allergy treatment are you currently using? ____________________________

3. a. Do you have asthma? If yes, describe what triggers your asthma symptoms. □ □

   b. Do you experience asthma symptoms from exposure to animals? If yes, please explain. □ □

   c. Have you had these asthma symptoms during the past 12 months? □ □

   d. What asthma treatment are you currently using? ____________________________

4. a. Do you have skin problems (e.g., dry/cracked skin; rashes) related to exposure to animals? Please describe. □ □

   b. What skin problem treatment are you currently using? ____________________________

5. Have you seen a health care provider for any of the above medical problems? □ □

Special risks
1. Women (Some animal-related hazards have adverse effects on pregnancy.)
   Are you pregnant or planning to become pregnant in the next year? □ □
   Risks include (but are not limited to) toxoplasma, listeria, cytomegalovirus, lymphocytic choriomeningitis virus, radiation, chemicals, or drugs. Contact your medical care provider or Cornell Health Occupational Medicine for information.

2. Individuals with chronic diseases (Some animal-related hazards may create an increased risk for individuals who are immunocompromised.) Are you immunocompromised due to a disease (e.g., cancer, lupus, rheumatoid arthritis, HIV) and/or its treatment (e.g. steroids, radiation therapy, chemotherapy)? □ □

3. Individuals with possible cardiac conditions (Exposure to sheep may create increased risk for individuals with certain conditions.)
   a. Do you have a history of heart valve disease, heart murmur, or heart disease present from birth? □ □
      Please describe. ____________________________

   b. Describe your treatment / surgery for this problem (medicine, valve replacement, repair of defect). ____________________________

Additional personal health concerns
Do you have any other health concerns that may be affected by your exposure to animals? Please explain. □ □

Signature
I have answered the questions on this form truthfully and to the best of my knowledge.
Student’s signature ____________________________ Date (mm/dd/yyyy) ____________________________

CORNELL HEALTH USE ONLY
Reviewer ____________________________ Date ____________________________
☐ No recommendations regarding animal exposure ☐ Specific recommendations regarding animal exposure

☐ Specific recommendations regarding animal exposure ____________________________