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

<table>
<thead>
<tr>
<th>Name (last, first, middle)</th>
<th>Cornell ID</th>
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<tbody>
<tr>
<td>E-mail</td>
<td>Date of birth (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Preferred daytime contact phone number (including area code)</td>
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## Environmental allergies / asthma / skin problems

**Yes**  
**No**

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

**Yes**  
**No**

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

**Yes**  
**No**

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) ___________________________

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**CORNEIL HEALTH USE ONLY**

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Date</th>
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☐ No recommendations regarding animal exposure  
☐ Specific recommendations regarding animal exposure