

### 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](http://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

**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*) \_\_\_\_\_

CORNELL HEALTH USE ONLY

Reviewer \_\_\_\_\_ Date \_\_\_\_\_

☐ No recommendations regarding animal exposure ☐ Specific recommendations regarding animal exposure \_\_\_\_\_

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