UNIVERSITI MALAYA

Animal Experimental Unit (AEU)
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HEALTH MONITORING FORM

SECTION A: COMPLETED BY APPLICANT

1. Applicant's Information

Applicant's Name :		
NRIC/Matrix Card/Staff No. :		
Date of Birth :	Gender : ☐ Male ☐ Female	
Marital Status : ☐ Single ☐ Married ☐ Divorced ☐ Widowed		
Department/Faculty/ : University	Position/Job Title :	
Address :		
Tel. No.:	Mobile No.:	Email:

2. Potential Work-Related Health / Hazard and Risk Assessment

Nature of Exposure to Animal

Level of animal contact: -

Level 0 - No animal contact

Level 1 - No animal contact, but enters the animal facility

Level 2 - Does not conduct procedures on live animals but handles "unfixed" animal tissues and fluids

Level 3 - Handles, restrains, collection of specimens or administer substances to live animals.

Level 4 - Performs invasive procedures such as surgery, necropsy, etc..

Type of animal	**Rabbits**	**Rats**	**Mice**	**Hamster**	**Others: _____**
Level of animal contact					
Contact hours/week					
Type of related work					
Type of PPE	**Lab coat**	**Face Mask**	**Goggle**	**Gloves (Latex/Nitrile)**	**Other PPE: _____**
Duration of use/day					

Will work involve direct contact with any of the following? Tick ☑ at the respective column.			
No.	**Description**	**Yes**	**No**
1.	Biological agents: a) Recombinant DNA b) Infectious agents c) Toxin (Example: Snake venom, Mushroom toxin, etc.)	☐ ☐ ☐	☐ ☐ ☐
2.	Human Blood, Tissues, or Cells	☐	☐
3.	Physical agents a) Caustic, flammables, or cryogenic agents b) Noise c) Radiation or radioisotopes d) Extreme environmental conditions e) Lasers	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐
4.	Chemical Agents: a) Anesthetic gases b) Drugs/Chemotherapeutic agents c) Carcinogenic agents d) Heavy metals e) Toxicant	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐

SECTION B: HEALTH EVALUATION COMPLETED BY APPLICANT

Each of the following questions should be answered "YES" or "NO" by tick ☑ at the respective column. "YES" answers should be further verified by the physician under the remarks column.

Do you have now or have you ever had any of the following:	**YES**	**NO**	**Remarks (If any)**
Eczema, rash, hives or other skin problems	☐	☐	
Sinus infection	☐	☐	
Systemic Lupus Erythematosus (SLE)	☐	☐	
Heart disorder	☐	☐	
Asthma or other chronic pulmonary diseases	☐	☐	
Chronic medical problem (Example: cancer, leukemia, bronchitis, pneumonia, diabetes, high blood pressure, HIV or AIDS, hepatitis, tuberculosis, liver or kidney disease) (Please state: _____)	☐	☐	
Allergies to medicines. (Please state if any: _____)	☐	☐	
Allergies to any animals. (Please state if any: _____)	☐	☐	
Allergies to latex	☐	☐	
Pregnant	☐	☐	
Back problems	☐	☐	
Tendon, ligament or joint problems	☐	☐	

Visual limitations	☐	☐	
Major surgery complications	☐	☐	
Severe headache	☐	☐	
Tetanus booster (Please state the most recent date/year if any: _____)	☐	☐	
Hepatitis B vaccination	☐	☐	
Any other vaccination (Please state if any: _____)	☐	☐	
Any other disease / disabilities / health issue(s) (Please state if any: _____)	☐	☐	

APPLICANT DECLARATION

I certify that the above information provided by me is correct, accurate and true to the best of my knowledge.

_____ _____

Applicant's Signature Date

Note: All medical records and test results are considered MEDICAL CONFIDENTIAL.

SUPERVISOR'S/PI'S DECLARATION (FOR RESEARCHERS/STUDENTS THAT HAVE SUPERVISOR/PI):

Supervisor's/PI determination of special preventive measures or actions to be taken for the individual's that conduct animal related work:

1) Training / Course:
   - ☐ Laboratory Safety Training
   - ☐ Responsible Care and Use of Laboratory Animal Course (RCULAC) Training
   - ☐ Biorisk Management Training (If relevant)
   - ☐ Animal Experimental Unit (AEU) Induction Course
     (Covered Animal Care and Use Occupational Safety & Health and Environment (OSHE)

2) ☐ Health assessment / immunization / vaccination

By signature, I certify that the information provided by the respective applicant is correct. I also have provided the necessary training to the participant.

Supervisor's/PI Name:

Supervisor's/PI Signature & Stamp:

Date:

SECTION C: RECOMMENDATION BY PHYSICIAN/MEDICAL PRACTITIONER	
Applicant's Name :	
Year of evaluation:	
Physician need to tick "✓" at any of the related column below.	
	The individual is medically qualified to perform the works related to the animals that have been assigned without limitations/restrictions.
	The individual is medically qualified to perform the works related to the animals that have been assigned with limitations/restrictions Please state the limitations/restriction: _____ _____ _____ _____
	The individual requires further medical investigation / diagnosis to verify medical fitness to the assigned work.
	The individual is currently NOT medically qualified to work that have been assigned with the animals noted above.
	Other comments (If any):
Name of Medical Practitioner: Medical Practitioner Signature & Official stamp: Date:	