

## CVM Student Medical Surveillance Checklist

This Checklist is designed to help you identify conditions that could increase your risk of health problems due to the exposures you will have as a veterinary student. If you have answered “**Yes**” to any of the questions below, you are encouraged to see your personal physician or schedule a consult with Student Health Center at 919 513-0277.

For your medical privacy, please **DO NOT** send this checklist to anyone at the College of Veterinary Medicine, and do not sign it. This checklist is solely for your own use.

1. Do you have signs of **allergies** such as itchy eyes, runny nose, sneezing wheezing, shortness or breath, asthma, hives, welts, or redness that are associated with animals, medications, chemicals, latex, or other substances such as pollen or food? .
2. Are you being treated for **asthma**? If you are unsure as to whether your asthma may be influenced by any of the above allergens you need to contact Student Health.
3. Are you **immunocompromised**? If No, proceed to question 4. Immunocompromised individuals may be adversely affected by certain zoonotic diseases such as Q fever.
4. Do you have a **valvular disease** (heart murmurs) or other congenital heart disease? Valvular diseases may be affected by bacterial infections such as Q fever
5. Do you have an **existing medical condition** that may create an animal contact health risk? If yes, or you are unsure and would like to speak with a health professional concerning a particular condition, contact the Student Health Center.
6. Have you ever been diagnosed with an **infectious viral, bacterial or parasitic illness** that had been confirmed to have come from an animal and was associated with your research/studies/work at NCSU or elsewhere?
7. Have you ever suspected that you have **acquired an illness** from an animal, animal materials/tissues at NCSU or elsewhere, but were unable to confirm this?
8. Are you **pregnant** or do you plan to become pregnant this year?

For specific information on health risks including zoonotic diseases and physical injuries, please refer to the ‘Animal Contact Risk Table’ located on the EHSC website under ‘Animal Contact.’

## **CVM Veterinary Student Attestation Form**

If you answered "Yes" to any question on the checklist, it is recommended that you either (1) see your personal physician or (2) contact a Student Health physician by calling 919-513-0277. All students are required to sign this form at the bottom and return to CVM Student Services.

I, \_\_\_\_\_(Print Legibly);

\_\_\_\_\_(Sign)

have understood and reviewed the CVM Veterinary Student Medical Surveillance Checklist. If I answered "Yes" to any question on this checklist, I understand that I am encouraged to either speak to my personal physician or a Student Health Center physician about my medical condition or concern.

Student E-mail Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date: \_\_\_\_\_

**Reminder:**

Tetanus vaccinations are recommended every 10 years.

Rabies Titers are recommended every two years.