



Dear Doctor,

This patient will be in contact or working with animals at Southern Illinois University Carbondale. All individuals who potentially may be exposed to animal-borne diseases are required to be evaluated before beginning work and every three years thereafter as part of the SIUC Occupational Health and Safety Program. Below are instructions to assist you in completing this necessary documentation.

1. **Your patient should already have completed Part B.** on the SIUC IACUC Medical History Form. Please look over Part B. to help determine if there are any medical conditions that would place your patient at risk. Consider any condition that would compromise the health status of either animals or your patient.
2. **After your completion of Part A.,** determine what immunizations or tests are required for your patient in order for them to work with the indicated species of animals.
3. Please administer the required immunizations.
4. If your patient refuses the required immunization, they must complete the Vaccine Declination Form.
5. You and your patient both must sign Part A. of the Medical History Form.
  - A. You should keep for your records the original forms and:
  - B. **ONLY make a copy of Part A. of the Medical History Form and the Declination Form** (if it was needed)
  - C. **Give the copies to your patient for return** to the Director, Laboratory Animal Program, Rm. 1062, Life Science III, MC 6506, SIUC, Carbondale, Illinois 62901.

Thank you for your assistance. Please feel free to contact me at the number below if there are any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Rollin M. Perkins'.

**Rollin M. Perkins, MD; FAAFP, FACSM**  
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