



Notre Dame Wellness Center
Medical and Occupational History Evaluation

You are receiving this because you or a student/employee reporting to you submitted a Category A – Medical and Occupational Health History Form for Animal Exposures to the University of Notre Dame Wellness Center. The Wellness Center has completed the evaluation. This form explains the next steps.

Form with fields: Name, ND Net ID, Date of Birth, ND Department, Name & Title of the ND Faculty Member or Supervisor.

- Checkboxes for: The Wellness Center physician does not have any recommendations. You do NOT need to take any additional actions. Action is required of you prior to starting work. The Wellness Center physician has recommendations based on your anticipated exposures or health history. The recommendations are noted below.

Table with two columns of checkboxes for medical tests: Hepatitis A Vaccine, Rabies Titer, Rabies Vaccine, Tetanus Vaccine, Tb Blood Test, Tb Chest X-ray Test, Tb Skin Test, Tb Sputum Test, Follow up medical evaluation.

Other \_\_\_\_\_

If you decide not to proceed with the recommendation(s), you are required to complete and return the enclosed Declination Form to the Wellness Center.

Provider Name & Date: \_\_\_\_\_

Please check the appropriate box and return this form to the Wellness Center at 100 Wellness Center, Notre Dame, IN 46556. The phone number is 574-634-9355.

- Declination Form completed and attached to this form.
Follow up recommendations will be completed at the Notre Dame Wellness Center.
Follow up recommendations will be completed at my Primary Care Provider (PCP) under my insurance or the University Health Services at Saint Liam's Hall. Bring a copy of this form to your PCP or University Health Services so they understand what vaccinations or tests are recommended.

The information below is only required if treatment will be sought at the Wellness Center

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

Researcher name responsible for the charges: \_\_\_\_\_

Researcher Signature: \_\_\_\_\_