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| מספר הנוהל: 14-0101 בתוקף מתאריך: 12.4.2021 מהדורה: 2 תאריך עדכון אחרון: 23.05.2021 עמוד 1 מתוך 3 | הטכניון - מכון טכנולוגי לישראל נהלים |  |
| נוהל בטיחות בעבודה ברשות למחקר פרה-קליני בטכניון | | |

Health Declaration of Research Employees Working with Animals - נספח ג'

The health declaration for employees working with animals at the Technion

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| First and last names: |
| ID number: |
| Faculty: |
| Direct supervisor: |
| Date: |


❖ Certain physiological conditions may constitute an increased risk for the health of employees working with animals. You are not required to waive your privacy and report, but it is important that you know that working with animals may expose you to an increased risk of illness should you suffer from one of the following conditions:

- Congenital immunodeficiency
- Acquired immunodeficiency – HIV
- Cancer
- Pregnancy
- Have undergone a tissue or cell transplant
- Allergies
- Have taken / are taking immunosuppressive drugs

The following is a health declaration that will assist us in determining whether to refer you to an occupational medical doctor. Please check the box next to the correct statement:

- ☐ In general, I do not suffer from allergies.
- ☐ I suffer from allergies.
- ☐ To the best of my knowledge, the allergies from which I suffer are triggered by the following allergens: please list.

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- ☐ I suffer from asthma.
- ☐ I am not allergic to animals.
- ☐ I am allergic to animals – check the relevant ones:

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|----------------------------------|--------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Cats | <input type="checkbox"/> Dogs | <input type="checkbox"/> Mice | <input type="checkbox"/> Rats |
| <input type="checkbox"/> Rabbits | <input type="checkbox"/> Sheep | <input type="checkbox"/> Pigs | |

☐ Other; please specify _____

☐ I take medication for the allergies from which I suffer.

☐ During the past year, I have had allergic reactions (relevant for someone having worked for over a year in the Animal House).

☐ I suffer from skin problems related to my work – reactions to the Latex gloves, rashes, dry cracked skin, and so forth.

☐ I take medication that may impair/depress my immune system such as steroids, chemotherapy, etc.

☐ I received a tetanus shot in the past ten years; please provide the date of the vaccination _____.


In the event of an injury, the employee must be vaccinated again should more than five years have passed since the prior vaccination.

☐ I have not had a tetanus vaccination in the last ten years and, therefore, agree to be vaccinated within a month.

☐ I would like to be referred to an occupational medical doctor.

I, the undersigned, hereby confirm that I have answered the questions in this form, to the best of my abilities, and hereby give my approval to the Technion to give the form to an occupational medical doctor, should the Safety Unit deem it necessary to do so. I am aware that the Technion relies on my statement, and as so, if it turns out that I knowingly made a false and / or inaccurate and / or incomplete statement - the Technion shall not bear any responsibility for any damage relating to the said statement and my actions may be considered as a disciplinary offense.

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|------------------------------|
| First and last names: |
| Signature: |

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For your information-

Should a change in your health status occur, it is your duty to update your health form declaration and assure to hand it to a representative of the safety unit.