**Form B: Health Professional Medical Evaluation to Principal Investigator** *(rev. 08/12/19)*

*Form B: Indidvidual completes section 1 contact information and emails to Straub at Jennifer.oldershaw@straub.net and copy* *dora.sakata@straub.net**. After reviewing the enrollee’s Form A Health History Questionnaire, the HP will complete, sign, and* ***email*** *Form B to the enrollee’s academic unitʻs point of contact: JABSOM meeksj@hawaii.edu; UHCC cmartin@cc.hawaii.edu; AVS [stacyo@hawaii.edu](http://stacyo@hawaii.edu)*

**Section 1:** Contact Information (Individual completes this section)

Academic Unit (check one): JABSOM UH Cancer Center Animal & Veterinary Services

Name of Individual:

Individual’s email:

Principal Investigator’s (PI) Name:

PI’s email:

**Section 2:** Health Professionalʻs Assessment:

Based on the health history information available to me, the enrollee is (Check all that apply):

 Physically fit to work with animals or animal by-products and/or infectious agents

 Temporarily not fit until further evaluation described below:

 Refer to primary care physician for

 Further medical evaluation, diagnostic tests

 Immunizations recommended, describe:

 Additional Personal Protective Equipment (PPE’s) required:

 Other, describe:

 Not fit to work with animals or animal by-products and/or infectious agents

Comments:

 Individual has declined further evaluation and has completed and signed Form C, dated \_\_\_\_\_\_\_\_\_ *(mm/dd/yyyy)*

Print name of Health Professional who reviewed Form A:

Organizational Affiliation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Health Professional Date *(mm/dd/yyyy)*