TO: Personal Care Physician
FROM: Lawrence Gibbs, Associate Vice Provost for Environmental Health and Safety
SUBJECT: Medical Clearance Requirement for Minors Working with Animals

Minors, defined as persons under 18 years of age, who participate in Stanford University sponsored activities involving potential exposure to animals, unixed animal tissues, or body fluids are required to be medically cleared before beginning work. This typically involves a pre-placement medical evaluation, obtained from a personal care physician (PCP), including assessment of individual risk factors (e.g., immunosuppression, allergies, asthma) which would increase the risk from work with animals.

Please Note: Minors are not permitted to work with non-human primates, hoofed mammals (e.g., swine, goats, sheep, cows), wild rodents, certain field studies, or on protocols designated as BSL-3 or above.

Allergy to Laboratory Animals
Allergy to laboratory animals is one of the primary occupational health concerns related to work with animals. Aggravation of underlying asthma is also a serious concern. These medical conditions occur most frequently from work with rodents or rabbits, though it is possible to develop allergic reactions to many animals. For more information, see Animal Allergies: An Occupational Concern – Frequently Asked Questions (at http://www.stanford.edu/dept/EHS/prod/asds/animal_allergies_FAQ.pdf).

Medical Clearance Documentation
The minor must submit a Medical Clearance Form signed by the PCP indicating that the minor is medically cleared to work with animals. This form is to be kept on file by the Principal Investigator or the department sponsoring the student’s activities. If the PCP proposes restrictions for a minor to work with animals despite having a medical condition (e.g., immunosuppression, allergies, asthma) that would increase the risk from work with animals, the case must be reviewed by the Stanford University Occupational Health Center (SUOHC) before the minor can be medically cleared. For questions, the PCP may contact the SUOHC at 650-725-5308.

Medical Clearance Form  (To be completed by minor’s personal care physician)

Patient’s Name: ___________________________  Patient’s Birthdate: __________

☐ My patient does NOT have any medical conditions that would increase the risk from work with animals and is medically cleared for work with animals.

☐ My patient HAS a medical condition that would increase the risk from work with animals, and is NOT medically cleared for work with animals.

☐ My patient HAS a medical condition that would increase the risk from work with animals, but is able to work with animals under the following restrictions: ____________________________

(if this last box is checked, FAX a copy of this form to the SUOHC secure FAX line 650-725-9218.)

__________________________  ___________________________  ______________________
Physician’s Signature  Physician’s Name (print)  Date

__________________________  ___________________________  ______________________
Address  Phone

__________________________  ___________________________  ______________________
Parent/Legal Guardian’s Signature  Parent/Legal Guardian’s Name (print)  Date

__________________________  ___________________________  ______________________
Address  Phone