



Animal Contact Review Form for non-employees only

SECTIONS A-C are to be completed by Principal Investigator (PI) or Supervisor; SECTION D by the individual.

SECTION A: Participant Information	
Name:	Date of birth:
E-mail address:	Phone number:
PI/Supervisor name and phone #:	
Department:	
IACUC protocol name and # (if applicable):	

Individual's Status:     Unpaid student     Intern     Volunteer  
 (Check all that apply)     Courtesy/Visiting Faculty     Other: \_\_\_\_\_

SECTION B: Must be completed by supervisor of participant		
Animal Type (e.g., rodents, fish, birds, etc.)	Estimated hours per week	Type of Work Performed (e.g., husbandry, surgery, facility maintenance, etc.)

Please describe the role of the individual and specific tasks they will be performing:

**Education:** Please review the associated training document for the species used, available on the EHS website. Indicate below which training was given and attach the signed handout.

- Care and Use of Rats and Mice
- Care and Use of Fish
- Care and Use of Owls and Other Birds
- Care and Use of Aquatic Invertebrates
- Care and Use of Frogs/Newts
- Other (please attach description and signed documentation)

### SECTION C: Supervisor Certification

By signature, I certify that the information provided is accurate, that I have provided the individual named in Section A with the UO Animal Occupational Health Program Manual and that I have provided necessary training on the individual's tasks as specified on this form. I have provided the appropriate personal protective equipment to the individual.

\_\_\_\_\_  
Print Name of Supervisor

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

### SECTION D: Individual Certification

If your health status changes, such as developing an illness that compromises your immune system; taking new medications that impact your immune system; developing a chronic illness; or being advised by your physician that you are at high risk of developing infection or should not be exposed to carcinogenic, toxic, or other potentially hazardous compounds (for example during a pregnancy), tell your physician that you work with animals and ask for their advice. In addition, notify your supervisor, or get in touch with EHS for further advice whether changes at your workplace are necessary due to changes in your health status.

I have been informed that due to my contact with animals, I may be at risk of acquiring a zoonotic, allergic, or animal-related disease. I have been provided the opportunity to ask questions. If at any time I become a UO employee and continue to be involved in animal handling I will need to receive medical clearance under the UO Animal Occupational Health Program. By signature, I certify that I have received the training documented on this form. I have received the appropriate personal protective equipment.

\_\_\_\_\_  
Print Name of Individual

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

**This completed and signed form must be maintained in Departmental files.**

**Please forward copies to:**

Environmental Health & Safety  
5224 University of Oregon  
ehsinfo@uoregon.edu

**And to IACUC files:**

Animal Care Services  
iacuc@uoregon.edu