

REQUEST FOR OHSS EXEMPTION

This form must be submitted at least 2 weeks prior to the individual participating in a project.

In order to request an exemption for a Temporary Affiliate from participation in the UC Davis Occupational Health Program please provide the following information (use a separate form for each individual)

Visiting Researcher information (please print)			
Name:		Email:	
UC Davis Principal Investigator (PI):		Campus Phone:	
Email Address:		Campus Address:	
Department:			
UCD Protocol #:	Title:	Expiration Date:	
Name, Title & Institution Where Visiting Scientist Trained	Describe Experience/Training Relative to Project Activities (e.g., handling, feeding, pre-treatment, anesthesia, surgery, monitoring, post-procedural care, euthanasia, species)	Years of Experience	
End date of current TAF appointment:		UC Davis PI / Co-PI Supervising the Visiting Individual:	

AAALAC Accreditation

Yes Accreditation # _____

Yes No - I verify that the above named individual has completed a Medical Health Screening Questionnaire and been cleared for work with the species indicated below. The above named individual is a current participant in our institution's Occupational Health Program.

Species: _____

Note: if this individual requires clearance for a species that they do not work with at their home institution they must arrange clearance through the PI they are working under at UC Davis.

Signature of Animal Care and Use or Occupational Health Administrator
of Visiting Researcher's Institution

Date

Administrator's contact information: Name (please print): _____

Phone Number: _____

For information contact: Institutional Animal Care and Use Committee (IACUC) University of California, Davis1 Shields Avenue Davis, CA 95616 (530) 752-2364 phone, iacuc-staff@ucdavis.edu
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