

WAIVER OF PARTICIPATION IN UNIVERSITY OF MINNESOTA RESEARCH OCCUPATIONAL HEALTH PROGRAM

for Visitors to Non-human Primate Research Facilities

This waiver option is available to individuals who are NOT employees or students of the University of Minnesota (University) AND who are short term visitors of 90 days or less who are visiting University facilities for the purpose of observing animal research or educational activities (subject to certain restrictions outlined below).

As an individual who meets the criteria above, I wish to participate in activities that potentially will expose me to animals used in University research or educational activities that have been approved by the University's Institutional Animal Care and Use Committee (IACUC). My activities will involve observation of non-human primates and may take place at facilities that are not owned or operated by the University. If I enter an area where non-human primates are housed, I certify that I have had a tuberculosis (TB) test with a negative result within the last year.

I understand that I may participate in the University's Research Occupational Health Program (ROHP), which entails completing a medical questionnaire, and if needed, obtaining vaccinations, using personal protective equipment and/or avoiding exposure to designated animals, activities, or substances. I understand that I cannot observe activities with potential animal exposure at a University facility for more than 90 days continuously without enrolling in ROHP. I further understand that I may waive participation in ROHP by completing this form. However, if I am present at a University facility for longer than 5 days and I wish to waive participation in ROHP, I understand that I also must certify that I am enrolled in a comparable occupational health program associated with animal care and use at my place of work.

I acknowledge that by observing animals used in University research or teaching, I may be exposed to certain health hazards that could damage my health. These include but are not limited to: exposure to infectious agents, exposure to allergens, possible animal bites, scratches, or other injuries. Exposure to such agents may cause eye irritation, cough, sore throat, shortness of breath, fever, rash, gastrointestinal, neurologic and other symptoms. I verify that my employer has provided training on these hazards and appropriate measures to protect myself from them, including vaccinations, personal protective equipment, and how to avoid exposure to designated animals, activities or substances that are harmful.

I understand that further information about occupational health risks is available at my request by contacting University Health and Safety – Occupational Health (UHS-OH) at 612-626-5008 or uohs@umn.edu. I also understand that I should call this same number for assistance if I sustain an occupational health injury or exposure while visiting University facilities.

RELEASE

I acknowledge the risks associated with observing research or educational activities involving animals used in University research or teaching and I choose to engage in observation of these activities while at the same time waiving participation in the University's Research Occupational Health Program. I release the University and its officers, employees, agents and representatives from any responsibility or liability for personal injury, including death, and damage to or loss of property that I may incur while observing research or educational activities involving animals used in University research or teaching. This release applies even if my injury or loss arises from negligence by the University. It does not apply to injury or loss caused by recklessness or intentional misconduct of the University.

Name of visitor *(Please Print)*

Date(s)/duration if visit

Institutional/company affiliation

Occupational Health Program in which you are enrolled *(Required if visit is longer than 5 days)*

Will you be entering non-human primate facilities? _____ Y _____ N

Date of most recent *negative* TB test
(If entering non-human primate facilities)

Clinic or health system where TB test was administered

Signature: _____

Address: _____

E-mail address: _____

Phone Number: _____ Date: _____

NOTICE FOR INDIVIDUALS WHO ARE MINORS

Persons under 18 years of age must have this agreement co-signed by their parent or guardian.

This is to certify that I, as parent/guardian with legal responsibility for this minor, do consent and agree to his/her release as provided above, and for myself, my heirs, assigns, and next of kin, release and agree to indemnify and hold harmless the University and its officers, employees, agents and representatives, from any and all liabilities incident to my minor child's involvement, EVEN IF ARISING FROM THE NEGLIGENCE OF THE UNIVERSITY, but not from recklessness or intentional misconduct of the University.

By: _____
(Parent/Guardian Signature)

Address: _____

E-mail address: _____

Phone Number: _____ Date: _____

Send completed form to UHS-OH at uohs@umn.edu or fax to 612-626-9643.