



OCCUPATIONAL HEALTH AND SAFETY PROGRAM FOR ANIMAL USERS
Occupational Health and Safety 3 Year Renewal Form

As part of the IACUC's triennial review of an animal use protocol on which you are listed, we are asking you to review whether there have been changes in either your animal use or health status in the past year.

Name: _____

Employee/Student ID Number: _____

Phone Number: _____

Email Address: _____

College: _____

Department: _____

Supervisor: _____

Please answer YES or NO to the following questions:

1. In the past 3 years has your health status changed? Example of changes: pregnancy, increased allergy severity, new allergies, diagnosis of asthma, diagnosis with immune compromising conditions or other serious medical conditions etc.

Yes No If yes, please describe: _____

2. Do you have any health-related questions/concerns about your exposure to animals for research or teaching?

Yes No

Please submit by one of the methods below. You will be contacted if your animal exposure and/or your health status indicate you need to take special precautions.

Submission Instructions

Cambridge Health Alliance (CHA) is contracted by UMass Boston to provide medical services as part of the OHSP. Your medical records will be maintained by CHA on behalf of UMass Boston. You will be contacted only if your animal exposure and/or your health status indicate you need to take special precautions.

Submit by email to:

Mailto: wgreene@challiance.org

Subject: UMass Boston OHSP

Submit by Fax to:

617-591-4693

Attention to: Bill Greene

Subject: UMass Boston OHSP

Submit by mail to:

Cambridge Health Alliance

Occupational Health Services

Attn: Bill Greene Re: UMass Boston OHSP

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