

ANNUAL RENEWAL FORM

Name: _____ Employee ID# or DOB: _____ Date Completed: _____

E-mail: _____ Work Phone: _____ OHSU Mail Code: _____

Position/ Occupation: Faculty Research Asst. Student Volunteer Vendor/Contractor
 Veterinarian Animal Care Worker Other: _____

OHSU Department or Outside Employer: _____

Principle Investigator/Supervisor: _____ Emergency Phone: _____

Indicate campus for which access is needed (check all that apply):

Marquam Hill Waterfront West Campus (ONPRC, VGTI/NSI, DSE/OGI)

If you have started working with any **new species** of research animals at OHSU within the past year, please indicate the species and level of contact in the table below:

Species	Level of Contact					Tissues Only	Estimated number of hours/week
	0	I	II	III	Tissues Only		

Level 0: No anticipated contact
Level I: Minimal contact with live animals, no procedures performed
Level II: Minor procedures performed (injections, tissue harvest, etc.)
Level III: Advanced procedures performed (anesthesia, surgical, etc.)

For Employee Health use only

Edu. Materials given/sent: _____

TB Screen: PPD _____
Health evaluation _____

Tetanus: _____

MD Referral: _____

Other: _____

Nurse Comments: _____

Nurse initials: _____ Date: _____

Have you had a tetanus booster within the past year? Yes No
If **yes**, provide date _____

Have you had a rabies vaccination within the past year? Yes No
If **yes**, provide date _____

Have you developed allergies or asthma within the past year? Yes No
If **yes**, please describe: _____

Have you had your spleen removed or become immune suppressed within the past year? Yes No
If **yes**, please describe: _____

Have you developed heart valve disease within the past year? Yes No
If **yes**, please describe: _____

Please describe any other health conditions you have developed within the past year that you think may be pertinent to working with animals: _____