External Personnel Animal Occupational Health Clearance

Visiting Researchers and Employees of Other Institutions

PURPOSE AND ELIGIBILITY

Use this form for individuals who are not UCR employees or students and who will have direct or reasonably anticipated contact with UCR-owned animals or animal materials in UCR research or teaching activities.

- ☐ Short-term visitor - 90 days or less
- ☐ Employee of another institution or entity whose work involves UCR-owned animals

UCR Occupational Health must confirm eligibility before animal work or facility access begins.

HOW TO COMPLETE AND SUBMIT THIS FORM

1. Visitor and UCR host: Complete Section 1 and identify activities, species, hazards, and dates.
2. Home institution Occupational Health: Complete Section 2 and certify applicable clearance status.
3. Participant and UCR host: Review the acknowledgement and sign the form.
4. Submit: Email the completed form to ehsocchealth@ucr.edu at least two weeks before the activity begins.

Submission deadline: At least two weeks before the activity begins. Clearance must remain current for the entire visit or work period.

OCCUPATIONAL HEALTH PARTICIPATION OPTIONS

Home institution clearance. Submit this completed form as evidence of enrollment and clearance through a comparable occupational health program.

UCR AOHP enrollment. A visitor may enroll in the UCR AOHP using participant or sponsor resources. Services may include a questionnaire, provider review, vaccination or testing when indicated, and occupational health recommendations.

UCR REFERENCE REQUIREMENTS

Procedure	Purpose	Frequency	Applies To
Animal risk and health review	Allergens, zoonoses, bites or scratches, hazardous materials, and PPE	Baseline; every 3 years; and upon health, exposure, or species change	All with animal contact
Hepatitis B vaccine and titer	Human blood, cells, tissues, or other BBP exposure	Series and titer or follow-up as clinically indicated	When BBP exposure applies
Tetanus vaccination	Potential animal bites or scratches	Current; typically every 10 years or after an incident as directed	All with animal contact
Respirator medical clearance	Required respirator use	Baseline; every 3 years or clinician-determined interval	When respirator use is required

Requirements are risk-based. Additional protocol-specific services may be required before access is approved.

SECTION 1 VISITING RESEARCHER AND UCR ACTIVITY INFORMATION

Completed by the visitor with assistance from the UCR faculty host, PI, or supervisor.

Participant Name and Credentials

Email Address

Phone Number

Home Institution and Department

Visit or Activity Dates and Duration

UCR Faculty Host or PI

UCR Host Email and Phone

UCR AUP Number

Animal Species or Animal Materials

Description of Activities at UCR

Biological Chemical Radiological or Other Hazards

Required Respirator Type if Applicable

UCR HOST REVIEW

☐ I confirm that the participant has been informed of activity-specific hazards, required training, PPE, supervision, and facility access conditions.

UCR Host Signature or Typed Name

Date

UCR Host Name and Title

Department

PARTICIPANT HEALTH AND SAFETY ACKNOWLEDGEMENT

I understand that animal work may involve exposure to allergens, infectious agents, hazardous materials, bites, scratches, and other animal-related injuries. I will follow the instructions of my UCR host, the applicable IACUC protocol, required training, PPE, and UCR safety procedures. I will promptly report an exposure, injury, illness, or change that may affect my ability to perform the work safely.

Participant Signature or Typed Name

Date

Participant Name

Home Institution

SECTION 2 HOME INSTITUTION OCCUPATIONAL HEALTH CERTIFICATION

Completed by an authorized Occupational Health clinician or administrator from the participant's home institution.

Confidentiality: Do not include diagnoses, medical records, or other protected health information. Report only clearance status and functional restrictions necessary for safe participation.

Institution or Clinic Name

Occupational Health Representative Name and Title

Email Address

Phone Number

Mailing Address

CERTIFICATION

Certification Item	Yes	No	N/A
Enrolled in an occupational health program appropriate for the work in Section 1	☐	☐	☐
Tetanus vaccination status is current and documented	☐	☐	☐
Hepatitis B vaccination, immunity, or declination is documented if BBP exposure applies	☐	☐	☐
Medically cleared for the species, activities, and hazards listed in Section 1	☐	☐	☐
Respirator medical clearance is current if respirator use is required	☐	☐	☐
Respirator fit testing is current if required by the host program	☐	☐	☐
Other protocol-specific medical requirements are complete, if applicable	☐	☐	☐

Other Protocol-Specific Requirement

Status or Valid-Through Date

CLEARANCE DETERMINATION

☐ Cleared without restrictions

☐ Cleared with restrictions communicated directly to UCR Occupational Health

☐ Additional review required

☐ Not cleared for the proposed activity

Clearance Valid Through

Approved Respirator Type or Model if Applicable

Occupational Health Representative Signature or Typed Name

Date

Printed Name and Credentials

Institution

SUBMISSION

Email the completed and signed form to ehsocchealth@ucr.edu at least two weeks before the activity begins. UCR Occupational Health will review the form and notify the UCR host if additional information or services are required.

For questions, contact UCR EHSRM Occupational Health at ehsocchealth@ucr.edu.