Activities involving the care and use of animals in research and teaching present particular health risks not normally encountered in other activities. The magnitude of the risk is dependent on the animal species and type of contact. To address the health risks which may result from working with animals, or working with animals in animal care activities McGill University has instituted for its faculty, staff and students an Occupational Health Program (OHP) for animal related activities. This Program is a prevention program related to occupational diseases, as well as diseases and incidents involving animals. Participation in this Program is mandatory for personnel in contact with Non-Human Primates. It is voluntary for personnel in contact with other animal species.

I hereby confirm that I have reviewed the Occupational Health Program (OHP) posted on the University’s website at http://www.mcgill.ca/ehs/laboratory/ohs and have been informed and understand the risks associated with working with animals.

I am engaged in the animal care of experimentation of the following type of contact:

- Direct: handle live animals, unpreserved tissues or body fluids, animal cages or accessories, animal waste or carcasses
- Indirect: work in areas where animals are used or housed

I hereby agree to:

- **PARTICIPATE** (please initial) ______ in the Occupational Health Program (OHP) by completing and mailing this form to: Environmental Health and Safety Office, 3610 McTavish 4th floor, Attn: Kathryn Wiens.
  - If I am a McGill employee, the OHP Administrator will call me to arrange an appointment.
  - If I am a McGill student, I will call the Student Wellness Hub (main campus = 514-398-6017, Macdonald Campus = 514-398-7992) for an appointment.
  - If working with Non-Human Primates, I consent to the OHP Nurse communicating with the OHP Administrator regarding my clearance to work with this species.

OR

- **NOT PARTICIPATE** (please initial) ______ in the Occupational Health Program (OHP) after consulting with my supervisor. I understand that I may, at any time, change my decision and decide to participate.

Signature ___________________________ Date (dd-mm-yyyy)