

## OCCUPATIONAL HEALTH PROGRAM FOR BLOODBORNE PATHOGENS

(to be completed by McGill staff and students)

To address the health risks which may result from working with human blood or other potentially infectious materials, McGill University has instituted for its faculty, staff and students an *Occupational Health Program for Bloodborne Pathogens* for those who may risk such exposure as part of their work or research.

Although participation in this *Program* is voluntary, participation including Hepatitis B immunization is highly recommended to all staff and students who routinely handle or will have exposure to human blood or other potentially infectious materials.

### PARTICIPANT INFORMATION:

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<i>Name (Last, First)</i>	<i>McGill ID</i>
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<i>Department</i>	<i>Faculty</i>
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<i>Title (Dr., Mr., Ms. Etc)</i>	<i>Classification (PI, PDF, Grad., tech, etc)</i>
	Legend: PI principal investigator PDF post doctoral fellow GRAD graduate student TECH technician UG undergraduate student
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<i>Email address</i>	<i>Telephone (local)</i>

### SUPERVISOR INFORMATION:

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<i>Principal investigator or Supervisor</i>	<i>Email</i>

I hereby confirm that I have reviewed the *Occupational Health Program* 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 bloodborne pathogens.

**I am engaged in the following type of contact:**

\_\_\_\_\_ **Direct**: work with human blood or other potentially infectious materials.

\_\_\_\_\_ **Indirect**: work in areas where I may come into contact with human blood or other potentially infectious materials.

Please confirm decision below and sign document.

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**I hereby agree to:**

\_\_\_\_\_ (initials) **PARTICIPATE in the *Occupational Health Program*** by completing and mailing this form to: *Environmental Health and Safety*, 3610 McTavish 4<sup>th</sup> 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 Student Health Services (main campus = 514-398-6017, Macdonald Campus = 514-398-7992) for an appointment.

**or**

\_\_\_\_\_ (initials) **choose to NOT PARTICIPATE in the *Occupational Health Program*** after consulting with my supervisor.

- **I am fully aware of the risks of refusing the Hepatitis B vaccine**, and I understand that I may, at anytime, change my decision and decide to participate.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date (dd-mm-yyyy)*