**RESEARCH PERSONNEL**

**OCCUPATIONAL HEALTH AND SAFETY PROGRAM**

**Declination of OHSP Participation**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**From: Research Administration Office**

**Re: Non- Research Personnel Declination of OHSP Participation**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, decline to have my medical history reviewed by an Employee Health Office at the Miami VA medical center or a personal Health Care Professional. I am aware of possible risk of being exposed to animals while entering the animal housing areas.**

**I understand that a medical history review must be taken if I want to enroll in the program and that I will be reminded of this requirement by the Research Office of its expiration of approval.**

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