

Department of Environmental Health & Safety

Request for Annual Health Review

Date:	Email
Tame:	Telephone:
Department	
ocation where research will be performed:	
	Building Name Room Number
PI's Name	PI's Telephone Number
Check here if this is your first	Check here if you
Annual Health Review	DO NOT handle or work near
Date of Hire	Laboratory animals
Please select one from the following:	
<u>Principal</u> Investigator	
Drexel Employee	DUCOM Funlavaa
Drexet Employee	DUCOM Employee
Position:	
*Graduate Student enrolled in the	Program, who will be
	partment of
*** 1. 10. 1 . 1 . 111 1.	
*Medical Student who will be working on a pr	otocol sponsored by the Department of
*Volunteer who will be working on a protocol	sponsored by the Department of
*If graduate student, medical student or volunteed Fund # Org Code #	r is checked, please provide fund/org number to cover cost. Acct. Code PI's Signature ——————
Tuesday	Wednesday
12:30 pm	8:30 am 9:00 am
1:30 pm	9:30 am 10:00 am
2:30 pm	10:30 am 11:00 am
3:30 pm 4:00 pm	11:30 am 12:00 pm
	12:30 pm
Next appointment available / Annu	ual Health Review must be completed by:
	fax to 215-895-5926. Upon receipt of your completed form, the Department of
	you a confirmation email specifying the exact date, time and location of your

400 N. 31st Street • Philadelphia, PA 19104 Tel 215-895-5919 • Fax 215-895-5926

you require any additional assistance, please contact Diana Dukes at (215) 895-5919.