

Department of Environmental Health & Safety

Request for Annual Health Review

Date:	Email	Email Telephone:	
Name:	Telephone		
Department			
Location where research will be performed:			
	Building Name	Room Number	
PI's Name	PI's Teleph	PI's Telephone Number	
Check here if this is your first Annual Health Review	DO NOT	Check here if you DO NOT handle or work near Laboratory animals	
Date of Hire		•	
Please select one from the following:			
Principal Investigator			
Drexel Employee	_	DUCOM Employee	
Position:			
*Graduate Student enrolled in theworking on a protocol sponsored by the			
*Medical Student who will be working on Department of		e	
*Volunteer who will be working on a protocol Department of			
*If graduate student, medical student or volu	inteer is checked, please	provide fund/org number to	
cover cost. Fund # Org Code #	Acct. Code	PI's Signature	
Scheduling the Exam: The annual health reviews are performed by a campus. Health reviews are by appointment or mental Health and Safety. Health Reviews are Please select the days/times that you would be a	nly must be scheduled thr only performed on the day	ough the Department of Environ-	
Monday Tuesa	lay	Thursday	
2:00 - 2:30 pm 10	00 – 9:30 am 0:00 – 10:30 am 1:00 am	1:00 - 1:30 pm 2:00 - 2:30 pm 3:00 pm	
Next appointment available / Annua Please email the completed form to dd35@drexel.edu		• •	

Please email the completed form to dd35@drexel.edu or fax to 215-895-5926. Upon receipt of your completed form, the Department of Environmental Health & Safety will schedule your appointment and send you a confirmation email specifying the exact date, time and location of your appointment. If you require any additional assistance, please contact Diana Dukes at (215) 895-5919.