

**DREXEL UNIVERSITY COLLEGE OF MEDICINE**  
**Occupational Health and Safety Program**  
**ANNUAL HEALTH REVIEW CERTIFICATION**

AAALAC, our accreditation agency, requires all personnel handling or working near laboratory animals to have an annual health review. This will help to assure that no health problems arise as a result of your work with animals.

Those Principal Investigators who do not have direct contact with animals should still complete and submit the health form for Occupational Health review, stating on the form their role as supervisor of the research without direct animal contact.

All employees in the OSHA program must obtain their health certification through the University's Occupational Health Service located at 219 N. Broad St, 6th Fl. Please note, you must contact the Department of Environmental Health & Safety at 215-895-5919 or [dd35@drexel.edu](mailto:dd35@drexel.edu) prior to going to the Occupational Safety and Health Clinic.

The following is the procedure for the Annual Health Review with Occupational Health Services.

Contact the Department of Environmental Health & Safety at 215-895-5919 or [dd35@drexel.edu](mailto:dd35@drexel.edu) to receive authorization for the Health Review. You will receive a scheduled date and time prior to going to Occupational Safety and Health Clinic.

1. Complete the Annual Health Review form (you can download these form from the Office of Research website at: [www.research.drexel.edu](http://www.research.drexel.edu) – go to “Quick Links” - IACUC Information and forms
2. The Occupational Health Physician will review the Annual Health Review form and your medical history to assess the medical risk. A physical exam, additional tests and vaccinations may be recommended based on your level of animal exposure and the species of animal with which you work.
3. The Occupational health Physician will complete the Annual Health Review Certification Form. **It is your responsibility to fax the certificate to the IACUC Office at 215-255-7874. Keep a copy for your personal records.**

I certify that Dr/Mr/Ms \_\_\_\_\_ can work with laboratory animals. Please circle more than one species, if applicable

1) RODENTS 2) RABBITS 3) DOGS 4) CATS 5) PIGS 6) OTHER \_\_\_\_\_

I certify that Dr/Mr/Ms \_\_\_\_\_ cannot work with laboratory animal listed below due to medical reasons. Please circle

more than one species, if applicable 1) RODENTS 2) RABBITS 3) DOGS 4) CATS 5) PIGS 6) OTHER \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature \_\_\_\_\_ Date Certified \_\_\_\_\_ Chart Review Only

**Researchers, please complete this section. Please print neatly.**

Name \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Drexel University ID #: \_\_\_\_\_(required)

Academic Status: Faculty \_\_\_\_\_ Post. Doc. Fellow \_\_\_\_\_ Staff \_\_\_\_\_ Grad Student \_\_\_\_\_ Other \_\_\_\_\_

Department: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Please list all protocol #s you're actively involved \_\_\_\_\_