

UNIVERSITY OF MIAMI
Employee Health Office
ACKNOWLEDGEMENT FORM

Please note: FAX this form to ACUC at 305-243-2853 **AND** to the Employee Health Office at 305-243-2393

PLEASE PRINT

Last name _____ First name _____ ID# _____

E-mail address _____ Employee Student Other _____

Title _____ Birth Date _____ Wk phone# _____ Dept _____

Building _____ Room number _____ Locator code _____ Campus _____

Supervisor/PI name _____ Supervisor/PI phone# _____

A. Check the appropriate box

- Yes No Has contact with research animals at work.
 Yes No Work in an area identified to require participation in the Hearing Conservation Program
 Yes No Wear a respirator (if yes, complete ***Respirator Medical Evaluation Questionnaire** and forward to EHS)

B. List the animal species and/or infectious agent(s) to which you have contact at work:

I hereby give permission to the University of Miami Employee Health Office and its designated provider, (hereinafter referred to as "Provider") to provide the following job-related services listed below:

a.) Physical examination, immunizations, audiometry, medical evaluation for use of a respirator, blood collection and laboratory testing, other healthcare services as may be deemed professionally necessary

I understand that my blood may be examined if deemed medically necessary. I also give permission to the release of pertinent medical information to the current Provider and UM if medically necessary. I understand that this consent allows the disclosure of my confidential medical health records by University of Miami Employee Health Office or the provider to my supervisor and other University of Miami administrators in the event that may need to know this information to implement work restrictions that are necessary to protect my health or the health of others.

REVOCAION: To effectively revoke this consent, I must deliver written notice of revocation to the University of Miami Employee Health Office. Such revocation will not apply retroactively and will be effective from the date received by the Employee Health Office.

WARNING TO EMPLOYEES WHO ARE IMMUNO-COMPROMISED: The administration of live vaccines and/or exposure to job-related hazards may be harmful to you. It is your responsibility as the EMPLOYEE to inform the EMPLOYER of any health factors that may adversely affect your health, including, but not limited to live vaccines and work-related contact with animals.

Employee Signature

Date

Provider Signature

Date