

OCCUPATIONAL HEALTH PROGRAM (OHP) FOR BLOODBORNE PATHOGENS

(to be completed by McGill staff and students)

To address the health risks that may result from working with human blood or other potentially infectious materials, McGill University has instituted for its faculty, staff and students an *Occupational Health Program for Bloodborne Pathogens* for those who may risk such exposure as part of their work or research.

Although participation in this *Program* is voluntary, participation including Hepatitis B immunization is highly recommended to all staff and students who routinely handle or will have exposure to human blood or other potentially infectious materials.

PARTICIPANT INFORMATION	
LAST NAME	FIRST NAME
MCGILL ID	CLASSIFICATION (PI, PDF, Grad, Tech, UG, etc.)
DEPARTMENT	FACULTY
PARTICIPANT EMAIL	TELEPHONE
PRINCIPAL INVESTIGATOR OR SUPERVISOR	SUPERVISOR EMAIL

I hereby confirm that I have reviewed the *Occupational Health Program (OHP)* posted on the University's website at <http://www.mcgill.ca/ehs/laboratory/ohs> and have been informed and understand the risks associated with working with bloodborne pathogens.

I am engaged in the following type of contact:

- Direct:** work with human blood or other potentially infectious materials
- Indirect:** work in areas where I may come into contact with human blood or other potentially infectious materials

I hereby agree to:

PARTICIPATE (please initial) _____ in the *Occupational Health Program* by completing and mailing this form to: *Environmental Health and Safety Office, 3610 McTavish 4th floor, Attn: OHP clinic;* or by email at ehs@mcgill.ca

- The OHP Administrator will contact me by phone or email to arrange an appointment.

OR

NOT PARTICIPATE (please initial) _____ in the *Occupational Health Program* after consulting with my supervisor.

- **I am fully aware of the risks of refusing the Hepatitis B vaccine**, and I understand that I may, at any time, change my decision and decide to participate.

Signature

Date (dd-mm-yyyy)