

The University of Texas at San Antonio
Student & Volunteer (Non-Employee) Request and Authorization for Medical Surveillance Review
 (For students & volunteers working on IACUC-approved research protocols or using/visiting LARC facilities)

UTSA students and volunteers (non-employees) engaged in educational research programs that involve working directly or indirectly with: 1) live animal research, unfixed animal tissues or wastes; 2) non-human primates with potentially infectious diseases, their blood, unfixed tissues or wastes; 3) pathogenic organisms; or 4) carcinogenic chemicals (cancer inducing drugs), toxins or other non-biological materials identified based on risk, are to be enrolled in a medical surveillance program. To assist students and volunteers in this medical surveillance initiative (MSI), the Principal Investigator (PI) or Lab/Area Supervisor is to complete and sign this form. Students and volunteers may schedule an appointment through UTSA Environmental Health, Safety and Risk Management (EHSRM). Please note that appointments for students and volunteers are only available on Thursdays.

You must bring a copy of this signed and authorized Request Form with you to your appointment.

Complete all sections.

Name: _____ Male or Female Banner ID (if applicable): _____
 Date of Birth: _____ Contact Number: _____ Email: _____

PI/Lab Supervisor: _____ Sponsoring Department: _____
 Department Phone: _____ Department Mail Code: _____

Will individual be handling or exposed to animals (live or dead), animal tissues or animal wastes? YES NO
 Will individual be required to wear a respirator? YES NO If yes, please list type _____ and hours duration _____
 Will individual work with pathogenic biological agents and/or toxins? YES NO
 Will individual work with solvents or heavy metals? YES NO
 Will individual work with blood or body fluids? YES NO
 Will individual work with human or non-human primate cell tissue or cell lines? YES NO
 Will individual work in a high noise environment? YES NO
 Will individual be working with wild animals in the field? YES NO If YES, please specify location: _____
 What other areas will individual be working that may require enrollment in a Medical Surveillance Program?

Indicate all species the individual will come in contact with while in working/visiting UTSA laboratories

Mice Rats Guinea pigs Rabbits Birds Frogs/tadpoles Turtles
 Other (Specify) _____

Indicate all materials the individual will be directly working with while in UTSA research laboratories. Indicate agents where applicable:

Recombinant DNA Bloodborne Pathogens Human Cell Lines Radioisotopes
 Toxins (list): _____
 Carcinogens (list): _____
 Infectious Agents (list): _____

Reviewed / Authorized by	Print Name:	Signature:
PRINCIPAL INVESTIGATOR / LAB SUPERVISOR:		
LABORATORY ANIMAL RESOURCES CENTER :		
DATE:		

LICENSED HEALTHCARE PROVIDER

Please submit payment invoice to: LARC
 Billing address:

Laboratory Animal Resources Center
 The University of Texas at San Antonio
 One UTSA Circle
 San Antonio, Texas 78249

Telephone for inquiries: 210-458-6692
 Fax: 210-458-6087

Please forward a copy of the Physician Approval / Restrictions to:

The UTSA Occupational Health Program
 EHSRM; Mail Code 05500
 The University of Texas at San Antonio,
 One UTSA Circle, San Antonio, Texas 78249 or Fax to 210-458-5072