



University of South Alabama  
 IACUC Office  
 140 CSAB  
 460-6863

**ELECTION NOT TO PARTICIPATE  
 IN THE USA COM OCCUPATIONAL HEALTH PROGRAM**

*The Occupational Health Program (OHP) for the University of South Alabama College of Medicine has been developed in order to define the various categories of animal exposure and to identify the potential health problems which are relevant to each category of animal exposure. Furthermore, the OHP sets forth the health-related procedures necessary to ensure that all personnel and animals are properly and effectively protected against illness related to research animal related exposures.*

I have read, or have been made aware of the Occupational Health Program for University employees working with animals and do **not** wish to participate for the reasons stated below. I understand that my refusal to participate in this program may result in the disapproval of authorization to work with research animals.

I understand I have the right to appeal such disapproval to the Senior Associate Dean for Research and to Human Resources.

Date: \_\_\_\_\_

Name \_\_\_\_\_  
 (Printed)

\_\_\_\_\_  
 (Signature)

Reason for non-participation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date Received: _____	By: _____
Authorization to work with research animals:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
Reason for Disapproval: _____	
	_____
	_____
Signed (Director, UBR) _____	Date: _____