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**Occupational Health Exception and Release, Hold Harmless, and Indemnity Form**

The UNCG IACUC has established an occupational health program entitled Health and Safety Program for Personnel Using Animals in Teaching and Research. This program is designed to prevent injury and illness through periodic health screenings. The primary institution to conduct these health screenings is the UNCG Student Health Center. Personal physicians can be used, however, where individuals are geographically located outside the Greensboro area or where the individual has an established relationship with a personal physician. In either case, the physician must be qualified to provide the written health clearance described in the following paragraph.

The individual must have his/her physician send a written clearance notification to the Office of Research Integrity. The clearance notification must contain the physician’s clearance for the individual to work with animals. The clearance notification should also include the individual’s name, date of clearance, physician’s signature, and the name of the physician’s practice. No additional personal health related information should be provided. The physician must be licensed to practice in his/her respective state.

Completed clearance notifications must be received from personal physicians BEFORE individuals may engage in animal work. Clearance notifications received more than 30 days after the individual’s signature date below will be DENIED.

In consideration of allowing me to use a physician other than the UNCG Student Health Center for my health screening, I, for myself, my heirs, my assigns, my administrators and my executors, hereby voluntarily and knowingly agree to fully and completely release, indemnify, defend and hold harmless the State of North Carolina, the Board of Governors of the University of North Carolina, UNCG, and their Trustees, officers, employees, agents and all successors and assigns of all the above named entities and persons, (hereinafter referred to collectively as “Released Parties”) from all claims, actions, causes of action, personal injuries (including, but not limited to, DEATH) property damage, demands, rights, damages, costs, sums of money, accounts, covenants, contracts, promises, attorneys’ fees and all liabilities or obligations of any kind or nature whatsoever at law, in equity, or otherwise, (collectively referred to as “Claims”) arising out of or in connection with my decision to use a physician other than the UNCG Student Health Center to conduct my health screening.

If the individual is in agreement and willing to abide by all statements above, please certify below:

**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Signed:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RETURN COMPLETED AND SIGNED FORMS TO: Office of Research Integrity.