**In accordance with the Canadian Biosafety Standard, 2nd edition1, Algonquin College’s Applied Science and Environmental Technology Department (ASET) has developed a program designed to prevent and detect personnel illness related to exposure to infectious material or toxins. The focus of the program is primarily preventive, but provides a response mechanism through which a potential infection or intoxication can be identified and treated before serious injury or disease occurs.**

Students working in the WA129 and WA130 laboratories at Algonquin College are subject to annual pre-placement medical surveillance and must also complete documented training prior to working in the laboratories.

To ensure a safe work environment, students are strongly encouraged to disclose any underlying medical conditions that may increase the risk of harm associated with working in the laboratories. Students who are immunocompromised (e.g. through radiation therapy or chemotherapy, pregnancy, diabetes or other conditions) may be particularly susceptible to infections, or experience more severe illness if they contract an infection following exposure to a pathogen.

**Please check one of the following\*:**

**🞏** I am affected by one or more of the above mentioned conditions and I will consult with the ASET Technologist and/or the ASET Chair, prior to entering the WA129 and/or WA130 laboratories.

Please list relevant information: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🞏**  I am **NOT** affected by any of the above mentioned medical conditions; **however, I do have a medical condition** that I feel increases my risk of exposure and I will consult with the ASET Technologist and/or the ASET Chair, prior to entering the WA129 and/or WA130 laboratories.

Please list relevant information: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🞏**  I am **NOT** affected by any of the above mentioned medical conditions.

|  |  |  |
| --- | --- | --- |
| **Student Name (please print)** | **Signature** | **Date (DD-MMM-YY)** |
|   |   |   |

 **\*Throughout the academic year, it is incumbent upon the student to disclose any changes in health status that could increase risk of exposure.**