**In accordance with the *Canadian Biosafety Standard, 2nd edition*1, 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.**

Individuals visiting the WA129 and WA130 laboratories at Algonquin College may be subject to medical surveillance, prior to accessing the labs.

To ensure a safe work environment, visiting individuals are strongly encouraged to disclose any underlying medical conditions that may increase the risk of harm associated with being in the laboratories. Individuals 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.

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

 **\*Throughout the visiting period, it is incumbent upon the individual to disclose any changes in health status that could increase risk of exposure.**