

Department of Environmental Health & Safety

Request for Annual Health Review

Date:		Email		
Name:		Telephone:		
Department				
Location where research will be p	performed:			
	Build	ing Name	Room Number	
PI's Name	PI's Telephone Number			
Check	k here if this is your f	irst Annual Heal	th Review	
Please select one of the followin	g:			
Drexel Faculty or Staff DUCOM Faculty or Staff *Graduate Student enrolled in	Position: Position:			
sponsored by the Departmen	nt of			
*Medical Student who will b	e working on a protoc	ol sponsored by the	ne	
Department of*Volunteer who will be work				
Department of				
*If graduate student, medical st cover cost.	tudent or volunteer is	s checked, please	provide fund/org number to	
	Code #	Acct. Code	PI's Signature	
			Center, located on the Center City	
mental Health and Safety. Health			rough the Department of Environ- ys and times listed below.	
Please select the days/times that y		e to attend.		
<u>Tuesdays:</u> 8:30 AM – 9:00 AM		<u>Thursday</u> 8:30 AM –		
1:00 PM - 1:30 PM		1:00 PM - 2:00 PM		
	_	2:00 PM -	3:30 PM	
Next appointment available	e / Annual Health R	deview must be co	ompleted by:	
Please email the completed form completed form, the Department send you a confirmation email spe	of Environmental He	ealth & Safety w	ill schedule your appointment and	

If you require any additional assistance, please contact Safety & Health at (215) 895-5919.

Ref. File: Request for Annual Health Review Revised: 11/2008