

LIVE VIRUS WORKER  
PERSONNEL INFORMATION FORM

**SECTION A (to be completed by live virus worker):**

Date \_\_\_\_\_

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

RWF Number aaaaaaaaaa

Sex \_\_\_\_\_

Principal Investigator's Name \_\_\_\_\_

Department \_\_\_\_\_

Laboratory Ext. \_\_\_\_\_

Classification

Employment Status:

Undergraduate \_\_\_\_\_  
(year)

University Employee \_\_\_\_\_

Graduate \_\_\_\_\_

Not a University Employee \_\_\_\_\_

Post-doctorate \_\_\_\_\_

Faculty \_\_\_\_\_

Technical Staff \_\_\_\_\_

Other \_\_\_\_\_

**SECTION B (to be completed by Principal Investigator):**

Viruses being manipulated \_\_\_\_\_

Biosafety Committee approval received    yes \_\_\_ no \_\_\_

Additional medical surveillance required by the Biosafety Committee or Principal Investigator \_\_\_\_\_

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Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

**SECTION C (to be completed by Occupational Medicine Office):**

Serum sample drawn (date) \_\_\_\_\_

Type of draw:    Intitial \_\_\_\_\_    Pregnancy \_\_\_\_\_

Exposure \_\_\_\_\_

Additional comments \_\_\_\_\_

Medical Reviewer \_\_\_\_\_