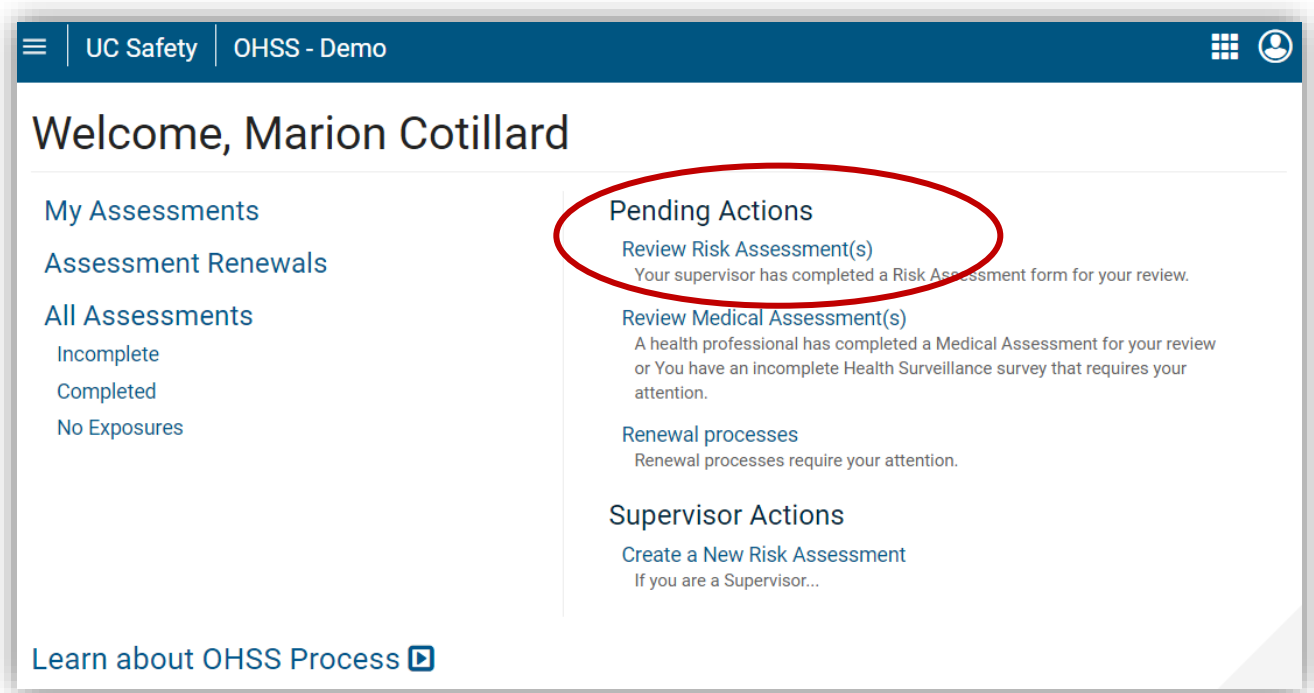# Participant – Review a Risk Assessment

Reviewing an Assessment

When a PI completes a Risk Assessment for a participant, the participant will receive an email notification. If they do not receive the email, they can log in to https://ehs.ucop.edu/ohss to review the assessment.

1. From the homepage, under **Pending Actions**, select **Review Risk Assessment(s)**.

2. Participants will be redirected to the **My Assessments** page, displaying Risk Assessments (RA), Health Questionnaires (HQ), and Medical Assessments (MA) for which you are the participant.

3. Identify items marked with a red flag, which require attention.

4. Select the date to review the assessment.

5. After reviewing, you will be prompted to **Accept** or **Disagree** with the Risk Assessment.

   o If you disagree, click **I Disagree**.

   ▪ The Risk Assessment will be sent back to the PI for editing.

   ▪ You may also send an email explaining your disagreement.

6. If you agree, you will proceed to the Health Questionnaire

Health Questionnaire Form

Participant: ████

By completing this form, I hereby authorize the UCI COEH (Center for Occupational and Environmental Health) to exchange, receive, and discuss medical information pertinent to my care concerning the use of animals and/or insects, including potential zoonotic risks, in research with the UCR EH&S Occupational Health Division. I further acknowledge this form is required and must be updated and resubmitted either every 3 years or at an interval determined by Occupational Health and/or the overseeing occupational health physician.

When filling out your confidential Health Questionnaire (HQ), make sure to have your vaccination history available. Vaccine history, including date, is requested on the HQ and does not automatically pre-populate from previous forms or previous vaccination and/or testing services performed by Occupational Health. If you have had a vaccination, but it is not entered on the questionnaire or "I don't know" is marked, the Occupational Health Physician may recommend this service before providing clearance. This may create an unnecessary appointment or clearance delay.

Date of Birth [ ] (MM/DD/YYYY)

Vaccines		
Have you previously received the full dose of Hepatitis B immunization series?	○ Yes ○ No ◉ I don't know	If yes, the estimated completed date: [ ] (MM/YYYY)
Have you had the Tetanus vaccine?	○ Yes ○ No ◉ I don't know	If yes, the estimated completed date: [ ] (MM/YYYY)
Have you had the Rabies vaccine?	○ Yes ◉ No ○ I don't know	If yes, the estimated completed date: [ ] (MM/YYYY)
Have you had a Rabies titer?	○ Yes ◉ No ○ I don't know	If yes, the estimated completed date: [ ] (MM/YYYY)

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