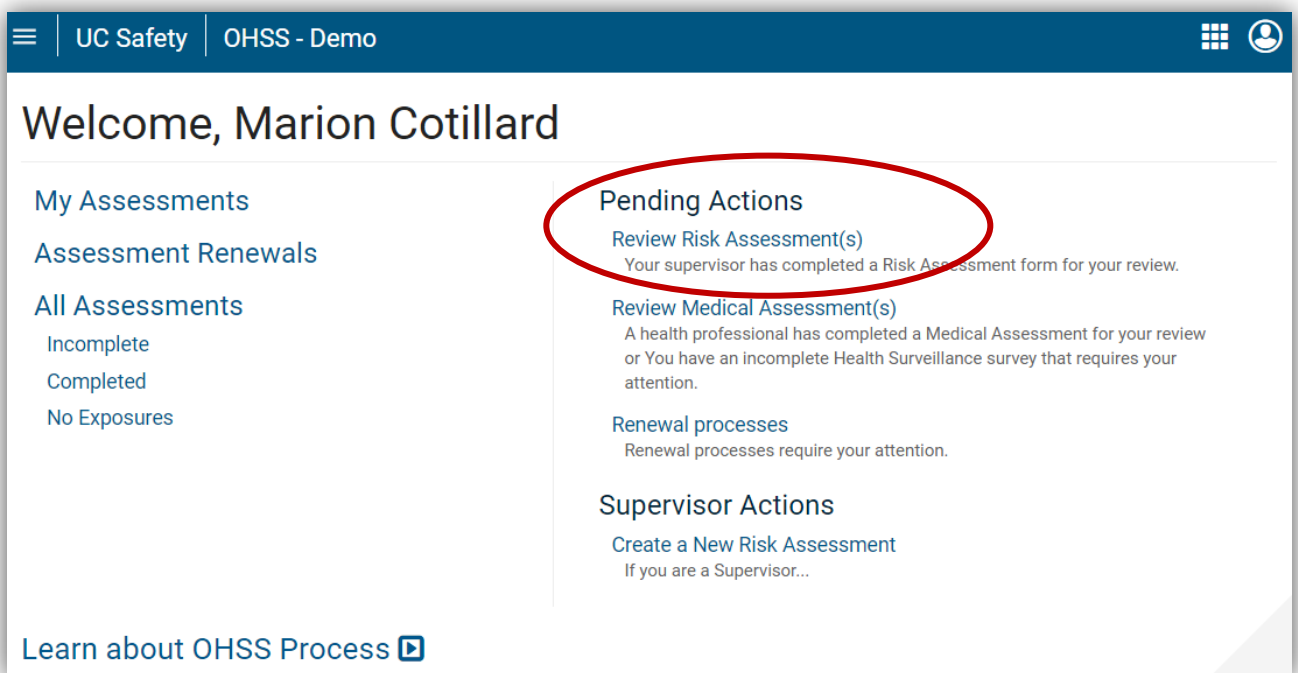


Participant – Review a Risk Assessment

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.

- Hover over the letter next to the date to view the status.

Supervisor	RA	HQ	MA	Process Completed
Natalie Portman	05/22/2015 - P	05/22/2015 - C	--	--

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

- 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: [REDACTED]

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.

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.

Please provide a direct phone number in case a physician needs to contact you or has further questions regarding your health and safety.

Please specify

Gender

Date of Birth (MM/DD/YYYY)