Minors Working in Medical Research Service

at the Louis Stokes Cleveland VA Medical Center

(To be completed for any person under the age of 18)

A Clearance Request for any Minor working in Medical Research Service at the Louis Stokes Cleveland VA Medical Center must be completed prior to the start of work (paid or non-paid). Federal, state, and institutional policies do not allow minors to work in, with, or around chemicals, biological agents, ionizing radiation sources, equipment, or animals unless appropriate clearance is granted, and health and safety concerns are addressed.

Please provide the following information for review and return to: John Schaffer, mail stop 151 (W), Research Office, K-117.

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bldg/Room #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security # of Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date of Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the minor working concurrently in another research lab at a different facility? Yes No

Classification of Minor: □ EMPLOYEE □ STUDENT □ VISITOR □ OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(To be completed by the Principal Investigator)**

The minor will work around the following: (Circle “yes” or “no” for questions 1 - 6):

1. Biosafety Level 2, 3, or 4 agents (if applicable, circle Biosafety Level) ........................................................ Yes No

2. Active pathogenic agents.................................................................................................................................. Yes No

If applicable, list active pathogenic agents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Chemical carcinogens and/or toxic agents....................................................................................................... Yes No

4. Ionizing Radiation Sources............................................................................................................................... Yes No

If applicable, specify sources, e.g. 32P, etc: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Animal laboratories .......................................................................................................................................... Yes No

6. Working environments posted as:

Caution: Radioactive Material .......................................................................................................................... Yes No

Caution: X-ray producing machine....................................................................................................................Yes No

Biohazards..........................................................................................................................................................Yes No

Danger Asbestos ............................................................................................................................................... Yes No

High Voltage ..................................................................................................................................................... Yes No

Caution PCB’s .................................................................................................................................................. Yes No

Danger-High Noise Hazard .............................................................................................................................. Yes No

Authorized Personnel Only ...............................................................................................................................Yes No

The following signatures indicate acknowledgement of the information listed above and are required before minor begins work.

Investigator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian’s name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian’s Home Phone # (for emergency purposes only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian’s Work Phone # (for emergency purposes only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Investigator’s Note: Attached to this form must be a detailed outline of the work in which the minor will be performing.***

For Research Office Only: Forward to (Please Initial) Holly Henry \_\_\_\_□ Jamie Shuster \_\_\_\_□ Steven Landgraf \_\_\_\_□