LRC VISITOR FORM

PURPOSE:
To inform visitors of the risks of the potential exposure to diseases transmissible to man that could occur by being in close proximity to non-human primates.

Daily Activities for Building Administrative Staff:
Understand and be able to answer questions relating to the Visitor Form. Ensure that the form is completed by all visitors, as described in the form, to the LRC animal facility
*This form is to be completed by all visitors to the Language Research Center (LRC) animal facilities. Visitors include but are not limited to: visiting scientists and medical professionals assisting with veterinary medical care. It is understood that some visitors to the LRC campus may be on site for reasons other than going to the animal facilities themselves (e.g., for a meeting at the administrative building). Such a visitor would not need to complete this form. However, visitors going to the animal facilities themselves must complete this form. Individuals other than visitors (e.g., individuals approved as animal users on GSU IACUC protocols involving NHPs) do not need to complete this form.

Release, Covenant Not to Sue, and Assumption of Risk
For Individuals Visiting the LRC Animal Facilities

As a visitor to the Language Research Center animal facilities, I have requested to be in physical proximity with the primates at the Language Research Center. I understand that no physical contact with the non-human primates is permitted at any time (an exception would be medical professionals assisting with veterinary care), and that I must be in the company of an LRC faculty/staff member at all times while in or around the animal facilities.

I understand that these non-human primates are not domestic animals, and they may carry some diseases that may be transmissible to humans. I understand that contact with or proximity to the animals at the LRC may result in injury and/or exposure to any known or unknown diseases. I understand that bites, if they occur, might sever digits and can be severe and can become infected.

I understand that GSU does not guarantee, in any respect, the competency or mental or physical condition of any person associated with these activities, the condition of any facility, equipment, or animals used in connection with these activities, or the suitability of these activities for my observation. I further agree that in consideration for being permitted to observe, I hereby release, covenant not to sue, and forever discharge the Board of Regents of the University System of Georgia, Georgia State University, and its Regents, officers, agents, employees, and students, of any and from all claims, demands, rights, and causes of action of whatever kind of nature, including, but not limited to the following: negligence arising from and by reason of any and all known and unknown, foreseen and unforeseen, bodily and personal injuries, illness, damage to property, and the consequences, thereof, resulting from any observation of or in any way connected with such activities.
I understand that taking photographs and/or videos of the Center grounds, facilities, personnel, and/or animals is not permitted.

Please check one of the following as it pertains to your **tuberculosis (TB) testing status**: 

___ I have provided the GSU occupational health program written proof of a negative TB skin test taken within the past 6 months.

___ I have provided the GSU occupational health program with written proof that a chest x-ray has been assessed within the past 12 months as showing no lesions consistent with TB disease as well as an annual Interferon Gamma Release Assay (IGRA).

___ I have provided the GSU occupational health program a letter indicating that I am enrolled in the occupational health program of my home institution whereby I have previously received a baseline chest x-ray which demonstrated no lesions consistent with TB disease and have since completed an annual Interferon Gamma Release Assay (IGRA).

___ I do not have proof of my TB status at this time.

Please check one of the following as it pertains to your **measles testing/immunization status**:

___ I have provided the GSU occupational health program with written proof indicating measles (i.e., MMR) immunization in my lifetime.

___ I have provided the GSU occupational health program a letter indicating that I have had a serologic titer for measles conducted sometime in my lifetime which reveals a protective level of antibodies.

___ I have provided the GSU occupational health program written proof indicating that I was born prior to 1957 (thus negating the need for a measles immunization and/or titer).

___ I do not have proof of my immunization status at this time.

**ALL VISITORS MUST ADHERE TO THE FOLLOWING:**

VISITORS WITH PROOF OF NEGATIVE TB STATUS AND MMR PROTECTION: SUCH VISITORS MUST REMAIN AT LEAST 15 FEET AWAY FROM ALL OUTDOOR ENCLOSURES. VISITORS TO THE CAPUCHIN MONKEY FACILITY MAY ENTER THE ANIMAL HOUSING ROOM BUT ARE NOT ALLOWED ANY DIRECT INTERACTION WITH THE MONKEYS (OBSERVATION ONLY). VISITORS TO THE RHESUS MONKEY FACILITY MUST NOT ENTER THE ANIMAL ROOMS THEMSELVES BUT ONLY OBSERVE ANIMALS THROUGH THE GLASS OBSERVATION WINDOWS.

VISITORS FOR VETERINARY MEDICAL PROCEDURES WITH PROOF OF NEGATIVE TB STATUS AND MMR PROTECTION: MAY ENTER THE ANIMAL ROOMS UNDER THE OVERSIGHT OF THE UNIVERSITY VETERINARIAN, ASSISTANT DIRECTOR OF DAR, OR DIRECTOR OF THE LRC.
VISITORS WITHOUT PROOF OF A NEGATIVE TB STATUS AND/OR WITHOUT PROOF OF MMR PROTECTION: SUCH VISITORS MUST REMAIN AT LEAST 15 FEET AWAY FROM ALL OUTDOOR ENCLOSURES AND MUST WEAR A SURGEON’S MASK WHILE DOING SO. SUCH VISITORS ARE ONLY ALLOWED INTO THE HALLWAYS AND FOYER OF THE Rhesus AND CAPUCHIN MONKEY FACILITIES, RESPECTIVELY, WHILE WEARING THE NORMALLY PRESCRIBED PERSONAL PROTECTIVE EQUIPMENT AS WELL AS A SURGEON’S MASK.

By signing this document, I, hereby, acknowledge that I have read it carefully before signing, I certify that I am eighteen years of age or older, and I agree to be bound by all the above this _______day of __________________20___.

Participant Signature: ____________________________
Participant Address: ____________________________
____________________________________________

Participant Printed Name: __________________________

LRC Staff/Faculty Member Host signature: __________________________

LRC Staff/Faculty Member Host Printed Name: __________________________