

COLUMBIA UNIVERSITY
Office of Human Resources
Visitor Registration Form

Please Indicate: **Research** **Clinical** **Administrative (Non Research/Non Clinical)**

Name: _____ Date: _____

Home Address: _____ Dept. Name: _____

_____ Work Location: _____

Home Phone No.: _____ Work Phone No.: _____

Affiliation (e.g. school or other entity): _____

Are you currently authorized to work in the United States? Yes No

Name(s) and Department(s) of Any Family Members Employed at Columbia University:

Emergency Contact:

Name: _____

Relationship: _____

Phone No: _____

Check One:

_____ Visitor is 14 to 18 Years of Age

_____ Visitor is over 18 Years of Age

Supervisor Name: _____

Supervisor Title: _____

Supervisor Phone No: _____

Describe the Role and Activities to be Performed in Detail (**Please attach Resume to this form**):

Estimated Number of Hours per Week: _____

Project Start Date: _____ Project End Date: _____ (Not to exceed 3 months)

Will any of the following Special Indicators be part of the duties of the Visitor?

_____ Yes _____ No

If Yes, Please check the applicable boxes and schedule the required Medical Surveillance appointment at <http://asp.cpmc.columbia.edu/hrorient/msr/> for your visitor.

- Potential Blood Borne Pathogen Exposure
- Contact with Known Infectious Agents (e.g. Varicella, Polio)
- In Laboratory with exposure to a known carcinogen/mutagen/reproductive toxins/extremely toxic substances _____ . (Department/Visitor must consult with EH&S when an OSHA regulated substances is used. Also, check lab safety and Chemical Hygiene Plan).
- Class 3b or 4a Lasers (Required only for specific projects)
- Contact with patient or human subjects in an NYPH (New York Presbyterian Hospital) or ACNC (Ambulatory Care Network) space (protocol includes drug testing if not already conducted as part of the pre-employment requirement).
- Contact with patients or human subjects in CUMC space (non-hospital) (protocol does not include drug testing but it may be part of the pre-employment requirement).
- Medical Clearance to wear a full face/half-face respirator.
- Medical Clearance to wear N-95 Face Mask Respirator due to: *Entering the room of a patient on respiratory isolation. *Administering aerosolized ribavirin to patients with respiratory syncytial virus (RSV). *Performing or assisting at a procedure on a patient with influenza.
- Contact with Animals (Research)-medical clearance requirement must be met.

Animals (Research) additional information visit IACUC website: <http://www.cumc.columbia.edu/dept/iacuc/> or contact directly at 212-305-24

Any workplace incidents/exposures please complete an Accident Report Form and take to WHS:

<http://www.hr.columbia.edu/hr/forms/workers-comp/pdf-ver.pdf> or contact Worker's Compensation directly at 212-851-0645.

***Any CUMC Visitors (volunteers, trainees, and observers) over the age of 18, and who is providing service at New York Presbyterian Hospital (NYP) must be compliant with Joint Commission mandates, and therefore are subject to a pre-employment drug screening test.**

PLEASE NOTE: If Roles and Responsibilities change from the above description, please notify your CUMC HR Client Manager and CUMC's Director of Faculty Affairs or the Associate Provost, as applicable, immediately for reassessment.

Visitor Signature: _____ Date: _____

PI/Sponsor Authorization: _____ Date: _____

Chair/Director/Dept. Authorization: _____ Date: _____

Dean's Office Authorization: _____ Date: _____

Executive Vice President for Arts & Sciences Authorization (including Nevis)
_____ Date: _____

Associate Provost-Morningside Authorization (Morningside, Lamont and Nevis)
_____ Date: _____

CU HR Authorization (Morningside, Lamont and Nevis; other non-CUMC)
_____ Date: _____

Office of Faculty Affairs Authorization (CUMC)
_____ Date: _____

CUMC HR Authorization: _____ Date: _____

PLEASE NOTE: This form is used for research, clinical, and administrative short-term visitors. For administrative short-term visitors, not all signatures may be relevant.

For Department Use Only:

- Drug Screening Confirmation Email received from CUMC Human Resources (If applicable)
- Medical Surveillance Appointment Scheduled (If applicable)
- Background Check completed or in progressed (If applicable)
- HIPAA and Security Training
- EH&S Training (If applicable)

CU/CUMC Human Resources Use Only:

- Drug Screening Verified
- Background Check Verified
- Medical Surveillance Appointment Verified
- Resume Attached and Reviewed