Natural Sciences Department

BIOLOGY LABORATORY FITNESS AND HEALTH CONSENT FORM

**Course Precautions:** As a participant in this course, you acknowledge that exposure to volatile, flammable, carcinogenic, corrosive chemicals, and/or microorganisms are possible.

Pregnant students (or those planning to become pregnant) **MUST** inform their instructor prior to conducting the experiment and provide the signature of a medical physician granting permission to participate in the laboratory experiment.

Student Consent:

To whom this may concern,

“I, ______________________________, have enrolled in Biology ____________ at LaGuardia Community College. I recognize that the course may involve exposure to various chemicals and/or microorganisms.

I hereby affirm that I am in good physical condition and do not suffer from any known condition that will limit my participation in any or all laboratory experiments.

I ______________________________, acknowledge that my enrollment and subsequent participation is purely voluntary and I will abide by the safety guidelines outlined by the LaGuardia Community College Natural Sciences Department and all other applicable safety and environmental compliance requirements.

I HEREBY AFFIRM THAT I READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

__________________________________________________________________________
(Participant Signature) (Participant Name Printed)

__________________________________________________________________________
(Empl ID #) (Date)

__________________________________________________________________________
(Physician Signature) (Physician Name Printed)

__________________________________________________________________________
(Facility where physician is practicing) (Date)