

**COLUMBIA UNIVERSITY
REGISTRATION FORM FOR SHORT-TERM VISITORS ENGAGED IN RESEARCH
RELATED ACTIVITIES**

Name: _____ Date: _____

Home Address: _____ Sponsoring Dept.: _____

Work Location: _____

Home Phone No.: _____

Work Address: _____

Work Phone No: _____

If student, indicate academic affiliation:

Name(s) and Department(s) of Any Family Members Employed at Columbia University: _____ **Emergency Contact: Check One:** _____ **Emergency Contact:** _____

Name: _____ Under 14 Years of Age

Relationship: _____ 14 to 18 Years of Age

Phone No: _____ Over 18 Years of Age

Supervisor Name: _____ Supervisor Phone No. _____

Supervisor Title: _____

Describe the role and activities to be performed: _____

Estimated number of hours per week: _____

Project Start Date: _____ Project End Date: _____ (Not to exceed one year)

Will any of the following be present at the worksite? Yes No

Bloodborne pathogens	_____	_____
Chemicals	_____	_____
Formaldehyde/Xylene	_____	_____
Radioactive materials	_____	_____

Laboratory animals _____
Contact with patients _____
Contact with human research participants _____
Infectious agents _____
Lasers _____
Will medical surveillance for workplace hazards be required? _____



Visitor Signature: _____ Date _____

Sponsor Approval: _____ Date _____

Department Authorization: _____ Date _____

HR Authorization (CUMC): _____ Date _____

Assistant Provost Authorization (Morningside, Lamont and Nevis)

_____ Date _____

HR Authorization (Morningside, Lamont and Nevis)

_____ Date _____