Risk Assessment Medical Surveillance Form

To be completed & reviewed with employee by the Supervisor & signed below

Please print when completing this form

Employee Name: _____ Start Date: _____ Date of Birth: _____ m/d/yr

E-Mail Address: _____ Directorate: _____

Supervisor Name (print): _____ Ext: _____

☐ Contractor New Hire ☐ NCI New Hire ☐ Temporary (less than 1 year) ☐ Job Transfer ☐ Medical Surveillance Update

Job Title: _____ Assigned Bldg/Rm: _____

Brief Job Description: _____

_____

_____

Will the employee WORK WITH any of the following?
(Check all that apply -call EHS @ ext. 1451 with any questions):

☐ Administrative Functions Only

BIOLOGICAL HAZARDS

☐ HIV-1
☐ HIV-2
☐ HTLV-1
☐ HTLV-2
☐ SIV
☐ Lentivirus
☐ Adenovirus
☐ Vaccinia
☐ HSV
☐ Poliovirus
☐ TB
☐ Toxins _____
☐ Other _____
☐ Human blood, body fluids, tissues, cell lines
☐ Non-Human Primate material – *specify:* _____
☐ Animals (e.g., mice, rats, frogs, non-human primate, other) – *specify:* _____
☐ IBC registration # _____

SAFETY HAZARDS

☐ Noise Exposure > 85dBa for 8 hrs
☐ Forklift Operator
☐ Highly Toxic Chemicals – *specify:* _____
☐ Respirator Required – *specify:* _____

RADIATION HAZARDS

☐ Class IIIB or IV Lasers
☐ X-ray Machines, Electron Microscopes, Irradiators – *specify:* _____
☐ Radioactive Materials – *specify isotopes:* _____

EHS USE ONLY
EHS Comments, Initials / Date

Supervisor Signature: _____ **Date:** _____

Employee Signature: _____ **Employee #** _____ **Date:** _____

Please mail to EHS (ext. 1451) Bldg 426 or fax info to ext. 6619

EHS/OHS Office Use Only

Date received in EHS _____ Date received in OHS _____

OHS Clinician Signature _____ Date: _____