EHS Medical Surveillance Enrollment Form

To be completed & reviewed with Employee by the Supervisor and signed below

Please print when completing this form

Employee Name: _____ Employee#:_____ Start Date :*(if new employee)* _____

☐ New Hire ☐ Job Transfer ☐ Annual Update

Job Title:_____ Assigned Bldg/Rm: _____

Supervisor: _____ Supervisor: _____Date:_____
Printed Name Signature

☐ Administrative Functions Only ☐ FME Service Worker ☐ Laboratory Worker ☐ Other_____

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

☐ **HUMAN MATERIALS:**

☐ Blood ☐ Body fluids
☐ Tissues ☐ Cell Lines (human)

☐ **INFECTIOUS MATERIALS:**

☐ Adenovirus	☐ H1N1	☐ TB lab worker	☐ Influenza
☐ HIV-1	☐ HSV	☐ Rabies	☐ Other_____
☐ HIV-2	☐ Lentivirus	☐ Vaccinia	
☐ HTLV-1	☐ Poliovirus	☐ Varicella	
☐ HTLV-2	☐ SIV	☐ XMRV	

☐**NON-HUMAN PRIMATE MATERIAL:** - ☐Blood ☐Tissues ☐Other_____

☐ **ANIMALS:** ☐ Live ☐ Carcass ☐ Tissues

☐ **TOXINS:** ☐ Diphtheria ☐ Toxoplasma gondii ☐Other-*specify*_____

☐ **IBC REGISTRATION #** _____

SAFETY HAZARDS

☐ Carcinogens ☐ Reproductive Toxins ☐ Acutely Toxic Chemicals
☐ Noise Exposure > 85dBa for 8 hrs
☐ Forklift Operator
☐ Respirator Required – *specify*_____

RADIATION HAZARDS

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

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

Revised 6/17/10