

Appendix 1

Medical Surveillance Screening Form

(To be completed by employee-Please print all information)

Please read the following before completing this form:

- 1. This 'Medical Surveillance Screening Form' has been specifically designed to obtain pertinent information regarding your exposure to hazardous/toxic/infectious substances.*
- 2. After completing this form, please bring in to EH&S so that you may pick up a Letter of Authorization*
- 3. Also, please fill out the appropriate Medical Questionnaire (s) before coming to EH&S*

Date: _____

Personal Information:

1. Name: _____
(First) (Last) (Middle)

2. Department: _____

3. School/College of: _____ 4. Name of Supervisor: _____

5. Work Telephone: _____ 6. Cell phone (optional): _____

7. Email: _____

8. Please let us know (where confidential information can be delivered)?

Email Registered mail.

(If you select Registered Mail, please provide us with your Home Address below)

9. Home Address: _____
(Street) (City) (State) (Zip)

11. May we contact you by phone at home? Yes No

If yes, please provide your Home telephone number: _____

12. Medical evaluation is required for exposure to / work with: _____,
_____, _____

13. Mechanism of Exposure: Ingestion Inhalation Dermal (skin) Contact

14. Name of Laboratory/department/workplace: _____

Building: _____ Room #: _____ Campus: _____

Signature of employee: _____ Date: _____

Signature of Supervisor: _____

Date: _____