

EHS Medical Surveillance Enrollment Form

SUPERVISORS: Please complete this form for all employees and submit to EHS.

Please print when completing this form

Employee Name: _____ Employee#: _____

Job Title _____ Bldg/Rm: _____

New Hire? If YES, provide start date: _____ Annual Update Job Transfer

Minor? If YES, provide birthdate: _____

Supervisor: _____ Supervisor: _____ Date: _____
Printed Name Signature

Job Hazard Assessment-Please complete job category and all other applicable sections.

(Call EHS at 301-846-1451 for guidance to complete this form).

JOB CATEGORY (Department or function)

- Administrative Functions Only (not in a lab) Administrative functions in non-office setting
 FME Service Staff FME Laboratory Staff Protective Services EHS/OHS Driver
 Health Care Staff Direct contact w/ Animals Non-Human Primate Handler
 Warehouse/Mailroom Other _____

BIOLOGICAL HAZARDS

Check here if employee does not work with Biological Materials

HUMAN MATERIALS:

IBC REGISTRATION #(S) : _____

- Blood Body fluids
 Tissues Cell Lines (human)

NON-HUMAN PRIMATE MATERIAL:

- Blood Tissues Other _____

INFECTIOUS MATERIALS: (Direct contact with live virus)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Adenovirus | <input type="checkbox"/> Adenovirus + HIV | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> HIV-1 | <input type="checkbox"/> Herpes Simplex | <input type="checkbox"/> Rabies |
| <input type="checkbox"/> HIV-2 | <input type="checkbox"/> Lentivirus | <input type="checkbox"/> Vaccinia |
| <input type="checkbox"/> HTLV-1 | <input type="checkbox"/> Polio | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> HTLV-2 | <input type="checkbox"/> SIV | <input type="checkbox"/> XMRV |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Toxoplasma gondii | <input type="checkbox"/> H1N1 |
| <input type="checkbox"/> Retrovirus Production Worker | <input type="checkbox"/> Other-specify _____ | |

TOXINS: Diphtheria Pertussis Other-specify _____

VIRAL VECTORS (adeno, lenti, retro)

GENERAL SAFETY HAZARDS

THESE HAZARDS ARE NOT APPLICABLE

NOISE EXPOSURE > 85dBa for 8 hrs

FORKLIFT OPERATOR

RESPIRATOR Required – specify _____

RADIATION HAZARDS

THESE HAZARDS ARE NOT APPLICABLE

CLASS IIIB OR IV LASERS

X-RAY MACHINES, ELECTRON MICROSCOPES, IRRADIATORS – specify _____

RADIOACTIVE MATERIALS – specify isotopes _____

Please return to EHS BUILDING 426; fax to 301-846-6619;

email to ehsforms@nih.gov