

UNIVERSITY OF MEMPHIS, MEDICAL SURVEILLANCE PROGRAM

**Part 1: To be completed by the employee and the supervisor**

**1.1 General Information**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Dept./Building: \_\_\_\_\_ Room Number: \_\_\_\_\_

PI/Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PI/Supervisor Email Address: \_\_\_\_\_

**1.2 What areas/tasks are a part of your work that may cause exposure to hazards that require medical surveillance?**

- Animal Care Facility       Research Laboratory       Clinical Laboratory  
 Field       Custodial       Police Services  
 Other (indicate on the line below):

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**1.3 Hazards/Exposure Types**

**What categories of hazardous exposures exist in your position/research (check all that apply)?**

- Animals (complete 1.3.1)  
 Human or primate materials (blood, tissue, cell culture, etc... complete section 1.3.2)  
 Chemicals or Toxins (complete section 1.3.3)  
 Radiation or Radioactive Materials (including lasers or UV... complete section 1.3.4)  
 Environmental hazards (noise, dust, etc... complete section 1.3.5)  
 Biological agents (complete section 1.3.6)

**1.3.1 Animals**

Will you be exposed to animals that may have rabies?       Yes       No

Please check the box for each animal that you may contact.

Rodents:

- |                                   |                                    |   |
|-----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Bats     | <input type="checkbox"/> Gerbils   | <input type="checkbox"/> Guinea Pigs                          |
| <input type="checkbox"/> Hamsters | <input type="checkbox"/> Mole Rats | <input type="checkbox"/> Mice                                 |
| <input type="checkbox"/> Rats     | <input type="checkbox"/> Voles     | <input type="checkbox"/> Others (indicate on the line below): |
- 

Others:

- |  |  |                                  |
|--|--|----------------------------------|
| <input type="checkbox"/> Birds                             | <input type="checkbox"/> Fish                  | <input type="checkbox"/> Rabbits |
| <input type="checkbox"/> Reptiles/Amphibians (list below): | <input type="checkbox"/> Insects (list below): |                                  |
- 
- Others (indicate on the line below):
- 

**1.3.2 Human or Non-Human Primate Materials**

Please check the box for each material that you may contact from humans or non-human primates.

- |   |                                 |                                     |
|---|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Blood          | <input type="checkbox"/> Tissue | <input type="checkbox"/> Cell lines |
| <input type="checkbox"/> Fluids (list): | _____                           |                                     |

**1.3.3 Chemicals or Toxins**

Please check the box for each material that you may contact.

- Carcinogens (list): \_\_\_\_\_
- Teratogens (list): \_\_\_\_\_
- Reproductive toxins (list): \_\_\_\_\_

**1.3.4 Radiation and Radioactive Materials**

Please check the box for each item that applies to you.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Radioactive materials | <input type="checkbox"/> X-rays               | <input type="checkbox"/> Ultraviolet light |
| <input type="checkbox"/> Lasers                | <input type="checkbox"/> Others (list): _____ |  |

**1.3.5 Environmental Hazards**

Please check the box for each hazard you may encounter.

- Excessive noise                       Dust                       Nanomaterials  
 Others (list): \_\_\_\_\_

**1.3.6 Biological Agents**

Please check the box for each material that you may contact.

- Bacteria (list): \_\_\_\_\_  
 Viruses (list): \_\_\_\_\_  
 Biological toxins (list): \_\_\_\_\_  
 Toxic plants (list): \_\_\_\_\_  
 Other infectious agents (list): \_\_\_\_\_

Will you be involved in recombinant DNA or human gene transfer research?     Yes                       No

Signature from the employee and supervisor or PI is **required** to ensure Part A accurately describes the applicant’s job and workplace environment. This form **must** have both signatures before being seen by a University Health provider.

\_\_\_\_\_  
Employee/Applicant Name                      Employee/Applicant Signature                      Date

\_\_\_\_\_  
Supervisor/Manager/PI                      Supervisor/ Manager/ PI Signature                      Date