

UNIVERSITY OF MEMPHIS, MEDICAL SURVEILLANCE PROGRAM

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):

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 the information provided 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