Employment/Employee Medical Assessment Checklist

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| Job Title:       | Date:       |
| Department:       | Supervisor’s Phone #:       |
| Supervisor’s Name:      | Supervisor’s Signature:       |

This checklist is intended to determine and document what medical testing is required for an employee (classified by job title) during a post-offer/pre-employment physical or as the result of a change in the employee’s duties. The Supervisor’s signature will certify that the information listed below is accurate. **Forward the completed form along with all other hiring documents to your campus Department of Human Resources.**

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| --- | --- | --- |
| **1. Will the employee be required to:** | **Yes** | **No** |
| 1. lift heavy objects?
 | **[ ]**  | **[ ]**  |
| 1. repetitively lift objects during a single work shift?
 | **[ ]**  | **[ ]**  |
| 1. stand for extended periods of time during their work-shift?
 | **[ ]**  | **[ ]**  |
| 1. repetitively perform a specific movement or group of movements during a single work shift?
 | **[ ]**  | **[ ]**  |
| 1. frequently reach for items above shoulder height or excessive distances?
 | **[ ]**  | **[ ]**  |
| 1. frequently use vibrating tools or equipment?
 | **[ ]**  | **[ ]**  |
| **If you checked “Yes” in any of the question 1 responses, please describe the task(s) the employee will be required to perform.**       |  |  |
| **2. Will the employee be:** | **Yes** | **No** |
| 1. working with asbestos containing materials?
 | **[ ]**  | **[ ]**  |
| 1. required to mix, apply, or use Organophosphate or Carbamate Pesticides?
 | **[ ]**  | **[ ]**  |
| 1. working with or exposed to Class 3b or Class 4 Lasers?
 | **[ ]**  | **[ ]**  |
| 1. performing a task that would require the use of respiratory protection (i.e. dust mask, ½ mask, etc…)?
 | **[ ]**  | **[ ]**  |
| 1. operating a vehicle with the Gross Vehicle Weight Rating (GVWR) in excess of 10,000 lbs?
 | **[ ]**  | **[ ]**  |
| 1. generating respirable silica dust?
 |  |  |
| **3. Will the employee be or could potentially be exposed to:** | **Yes** | **No** |
| 1. loud noises?
 | **[ ]**  | **[ ]**  |
| 1. human blood or other potentially infectious materials?
 | **[ ]**  | **[ ]**  |
| 1. other infectious agents or toxins? (list below)
 | **[ ]**  | **[ ]**  |
| **If the “Yes” box is checked for questions #4 – #7 below, HR should forward this checklist to SM to determine exposure monitoring.** |  |  |
| **4. Will the employee be or could potentially be exposed to animals?** (NOTE: Any below that are check “Yes” the user must complete the animal handler questionnaire. | **Yes** | **No** |
| 1. 30+ days of outdoor research involving the animal, or
 | **[ ]**  | **[ ]**  |
| 1. direct contact with animal species, or
 | **[ ]**  | **[ ]**  |
| 1. performing activities indoors with animals outside of a chemical fume hood, or
 | **[ ]**  | **[ ]**  |
| 1. are handling non-sanitized cages, enclosures or bedding
 | **[ ]**  | **[ ]**  |
| **For each question (#2 – #4 above) you checked “Yes”, please describe the task(s) the employee will be required to perform.**       | **Yes** | **No** |
| **5. Will the employee be or could potentially be exposed to metal particulates or fumes?**  | **[ ]**  | **[ ]**  |
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| --- | --- | --- | --- | --- |
| [ ]  Lead | [ ]  Mercury | [ ]  Tin | [ ]  Copper | [ ]  Silver |
| [ ]  Cadmium | [ ]  Chromium VI | [ ]  Gold | [ ]  Magnesium | [ ]  Zinc |
| [ ]  Inorganic Arsenic | [ ]  Titanium | [ ]  Nickel | [ ]  Manganese | [ ]  Beryllium |

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| **6. Will the employee be working with any of the following hazardous materials?** | **[ ]**  | **[ ]**  |
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| --- | --- | --- |
| [ ]  4-Nitrobiphenyl | [ ]  alpha-Naphthylamine | [ ]  4-Aminodiphenyl |
| [ ]  methyl chloromethyl ether | [ ]  Ethyleneimine | [ ]  beta-Propiolactone |
| [ ]  Benzidine | [ ]  beta-Naphthylamine | [ ]  2-Acetylaminofluorene |
| [ ]  bis-Chloromethyl ether | [ ]  4-Dimethylaminoazo-benezene | [ ]  N-Nitrosodimethylamine |
| [ ]  3,3'-Dichlorobenzidine (and its salts) |  |

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| **7. Will the employee be working with any of the following chemicals?** | **[ ]**  | **[ ]**  |
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| [ ]  Vinyl Chloride | [ ]  Benzene | [ ]  Acrylonitrile | [ ]  Methylene Chloride |
| [ ]  Ethylene Oxide | [ ]  Formaldehyde | [ ]  Methylenedianiline | [ ]  1,3-Butadiene |
| [ ]  1,2-dibromo-3-chloro-propane |  |

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| **8. Describe any other pre-employment physical concerns you may have?**  |