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.**

|  |  |  |
| --- | --- | --- |
| **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?** |  |  |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Lead | Mercury | Tin | Copper | Silver | | Cadmium | Chromium VI | Gold | Magnesium | Zinc | | Inorganic Arsenic | Titanium | Nickel | Manganese | Beryllium | |  |  |
| **6. Will the employee be working with any of the following hazardous materials?** |  |  |
| |  |  |  | | --- | --- | --- | | 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) | |  | |  |  |
| **7. Will the employee be working with any of the following chemicals?** |  |  |
| |  |  |  |  | | --- | --- | --- | --- | | Vinyl Chloride | Benzene | Acrylonitrile | Methylene Chloride | | Ethylene Oxide | Formaldehyde | Methylenedianiline | 1,3-Butadiene | | 1,2-dibromo-3-chloro-propane | |  | | |  |  |
| **8. Describe any other pre-employment physical concerns you may have?** | | |