

CHAPTER 39 – EXPOSURE ASSESSMENT AND MEDICAL SURVEILLANCE

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CHAPTER 39 – EXPOSURE ASSESSMENT AND MEDICAL SURVEILLANCE

A. INTRODUCTION

1. This Chapter outlines a comprehensive worker health protection program applicable to all SI personnel assigned to work environments where there is a potential for exposure to chemical, biological, ergonomic, and/or physical hazards. Such a program seeks to minimize individual worker's potentials for exposure and to control all exposures to chemical and physical agent to within established occupational exposure limits and as low as reasonably achievable.
2. It is the goal of the SI Exposure Assessment and Medical Surveillance Program to prevent occupational illness and injury by early detection and identification of exposure risks and exposure-related health effects before they result in disease or injury. The SI will accomplish this utilizing the following strategies:
 - a. Accurate assessments of exposures to hazardous stressors or agents in the workplace through comprehensive documented industrial hygiene surveys.
 - b. Implementation of effective controls (e.g., engineering, process or material substitution, administrative, personal protection) to eliminate or reduce exposures to hazardous stressors or agents; and
 - c. Implementation of a medical monitoring and health surveillance program for employees exposed to potentially hazardous workplace conditions.
 - d. Active and sustained communication is essential among the Supervisors, the Safety Coordinators and Office of Safety, Health and Environmental Management (OSHEM). The Safety Coordinator is the liaison between the Supervisor and OSHEM.
3. Exposure Determinations
 - a. Exposure assessments are performed by OSHEM to measure levels of frequency, duration, route of potential exposure to physical, chemical and, biological stressors to determine if employees are at adverse health risk, capable of safely performing assigned tasks, to verify protective equipment, if controls are effectively providing protection, and to ensure protective measures comply with governmental regulation.
 - b. Medical monitoring of employees is performed by OSHEM to detect physiological changes, in an employee, that may be the result of

exposure to hazardous levels of physical, chemical or biological stresses that the employee may experience on the job.

4. Current Medical Exposure Surveillance Programs
 - a. To be considered for enrollment in a medical surveillance program, the exposure hazard must be identified by the employee or supervisor and assessed by the Safety Coordinator, with assistance from OSHM. OSHM will determine whether personal exposure levels warrant medical surveillance. Currently, medical surveillance programs are offered, when required, for the following:
 - (1) Asbestos Medical Surveillance
 - (2) Avian Influenza Medical Surveillance
 - (3) Bloodborne Pathogen Medical Surveillance
 - (4) Commercial Driver's Medical Certification
 - (5) Diver Medical Surveillance
 - (6) DOT Drug Alcohol Testing
 - (7) EPA Organophosphates & Carbamates Pesticide Medical Surveillance
 - (8) Fire Brigade Medical Surveillance
 - (9) Hearing Conservation
 - (10) Indoor Air Quality
 - (11) OSHA Regulated Substances
 - (12) Parasite Medical Surveillance
 - (13) Rabies Medical Surveillance
 - (14) Reproductive Hazards Medical Surveillance
 - (15) Respiratory Medical Surveillance
 - (16) Tuberculosis Medical Surveillance
 - (17) Zoonotic Medical Surveillance
5. Eligibility. Exposure assessment and medical surveillance shall be offered to full-time or temporary SI employees, volunteers, interns and other affiliated staff as defined in [Chapter 1, "Overview"](#), of this *Manual*. These services will not be offered to contract employees.

B. CHAPTER-SPECIFIC ROLES AND RESPONSIBILITIES

1. Safety Coordinators shall:
 - a. With assistance from supervisors and OSHM, identify those employees (including new hires) who are potentially exposed to

hazardous substances/stressors which could pose a health risk, and refer those employees to OSHEM for exposure assessment and development of hazard controls.

- b. Assist Supervisors with the implementation of engineering and/or administrative controls as required by the results of exposure assessment and medical monitoring.
 - c. Ensure that supervisors report injuries and illnesses (in accordance with procedures in [Chapter 7, "Injury/Incident Reporting and Investigation"](#) of this *Manual*), and other symptoms potentially associated with adverse health effects to OSHEM.
 - d. Work with employees and supervisors to identify employees requiring OSHEM Medical Surveillance Programs. Schedule required medical surveillance evaluations with OSHEM for affected employees, utilizing a schedule of dates and times provided by OSHEM. When the listing is finalized with the employee and supervisor, send the list of confirmed appointments to OSHEM.
 - e. Assist supervisors in notifying OSHEM of new or transferred employees requiring entry into medical surveillance within 5 days of assignment.
 - f. Monitor to ensure that supervisors have employees keep their appointments for scheduled medical surveillance exams.
 - g. Review rosters of medical surveillance program enrollees on a monthly basis to ensure compliance with this Chapter.
2. Supervisors shall:
- a. Ensure that sufficient time is available for exposure monitoring to be conducted by OSHEM to assess exposure risk.
 - b. Based on results of exposure monitoring, ensure that recommended engineering and/or administrative controls are implemented to reduce exposures to within occupational exposure limits established by this Chapter. Provide appropriate personal protective equipment (PPE) to all affected employees, as an interim control per OSHEM recommendations, until exposures are reduced, and ensure that the devices are worn correctly.
 - c. Ensure that all affected employees are enrolled in the appropriate medical surveillance program through OSHEM Occupational Health Service Division (OHSD) within 5 days of employment.
 - d. Ensure that the employee has allotted time to make the appointment on schedule.
 - e. Coordinating with the Safety Coordinator, ensure that all new or transferring employees, who require enrollment in an SI medical

surveillance program, are referred to OSHEM for medical appointments within 5 days of employment.

- f. Report to the Safety Coordinator any adverse health effects, injuries illnesses or other symptoms potentially associated with the workplace for occupational exposure evaluation.
 - g. Maintain a copy of the training records.
3. Employees shall:
- a. Notify their supervisors when they believe they are being exposed to unsafe or unhealthful substances, stressors, or conditions in their workplace when a change in work practices or their medical status appears to increase their exposure or results in injuries or illnesses believed to be caused by working conditions.
 - b. Use, inspect, and maintain assigned PPE on a daily basis, as trained. Report problems with PPE effectiveness or personal changes in fit of PPE (such as facial hair, new dentures, weight loss or gain) that may affect the fit of PPE.
 - c. Keep scheduled appointments with OSHEM OHSD for evaluation and documentation of their symptoms or temporary medical condition, or for any mandated medical surveillance examination.
 - d. Comply with the provisions of this Chapter governing exposure assessment and medical monitoring.
 - e. Comply with any additional exam requirements, i.e. ENT referral, chest x-Ray, etc.
4. Office of Safety, Health and Environmental Management (OSHEM) shall:
- a. Conduct personal and/or area exposure assessment or medical surveillance monitoring for the purpose of assessment of employee health risk and fulfilling regulatory compliance requirements, provide Safety Coordinator, supervisor and employees with the results of personal monitoring and recommend engineering and/or administrative controls (including entry into specific medical surveillance programs) as necessary based on the monitoring results.
 - b. Notify Safety Coordinator and supervisors to enroll all employees required to be in specific Medical Surveillance Programs.
 - c. Work through the Safety Coordinator to ensure exposure assessments required by specific regulatory standards are conducted and documented.
 - d. Establish the scope, content, and frequency of exposure assessments and medical monitoring.

- e. Manage federally-mandated medical surveillance programs (e.g., respiratory protection, hearing conservation, asbestos exposure, lead exposure), considering related aspects of collective bargaining agreements and support agreements that entitle specific employee groups to health benefit programs or other medical benefits.
- f. Maintain mandated exposure measurement and medical surveillance records in employee's electronic medical files, per 29 CFR 1910.1020.
- g. Maintain an employee scheduling database to be accessed by the Safety Coordinator and supervisor for tracking annual or periodic medical surveillance to schedule periodic monitoring.
- h. When review or physical exam is indicated, issue a physician's written opinion of employee's performance-of-duty abilities to management officials with a need to know.
- i. Provide adequate opportunities for medical surveillance exam appointments.
- j. Advise supervisors and other management officials with a need to know on performance-of-duty issues related to employee medical conditions as they affect or are affected by the work environment, including work restrictions, reasonable accommodation, and medical removal issues.

C. HAZARD IDENTIFICATION

1. Initial Assessment

- a. Each job task or work area within a facility shall be assessed by the responsible supervisor (with assistance from the Safety Coordinator) to identify job tasks that have the potential for adverse health effects or involve substances and operations listed in the References section of this Chapter. This determination may be made using the Job Hazard Analysis (JHA) process (refer to [Chapter 4, "Safety Risk Management Program"](#), of this *Manual*), self assessments/inspections, prior exposure monitoring results, or employee complaints of exposures or health effects. The job hazard analysis would identify any of the following possible exposures:
 - (1) Confined space entry
 - (2) Use of equipment such as x-ray machines, lasers and commercial vehicles
 - (3) Dusty atmospheres and respiratory irritants such as carpentry units, paint and lab chemical exposures
 - (4) OSHA Regulated substances (See Section H of this Chapter)

- (5) Occupational noise exposure
 - (6) Scientific diving ventures
 - (7) Outdoor workers such as trash collectors and horticulturalists
 - (8) Potential exposure to blood or body fluids
 - (9) Travelers to endemic areas
 - (10) Health services personnel, zoo personnel, tissue handlers and Biologists exposed to zoonotic and other emerging infectious diseases
 - (11) Testing for illegal substances for mandate or cause (e.g., security officer and CDL applicants)
2. Medical Surveillance Request Form. The supervisor shall submit a [Medical Surveillance Request Form \(Attachment 1\)](#) through the Safety Coordinator to OSHEM for each employee with a potential exposure based on the Initial Assessment.
 - a. For zoonotic hazards, the specific "[Zoonosis Exposure Surveillance Form](#)" ([Attachment 2](#)) is to be submitted to OSHEM.
 - b. Requests for respirators are to be submitted in accordance with instructions in [Chapter 18, "Respiratory Protection"](#), of this *Manual*.
 3. Follow-up Assessment. The supervisor, with the assistance of the Safety Coordinator and OSHEM, shall ensure that exposure hazards are reassessed whenever a change in production, process, equipment, or controls occurs that may alter the initial assessment results. The Safety Coordinator and supervisor shall arrange through OSHEM for employee exposure monitoring to be updated.
 4. Employee Exposure Monitoring
 - a. Employee exposure assessment strategies shall be based on established industrial hygiene and occupational medicine protocols and references. Exposures shall be evaluated against established regulatory standards such as the American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Values and Biological Exposure Indices. Medical Monitoring strategies shall be based on established current standards of medical practice as referenced in the Occupational Safety and Health Administration (OSHA) standards; SI Directives, National Institute for Occupational Safety and Health (NIOSH) credentialing and monitoring standards as well as current National Institutes of Health (NIH) and Centers for Disease Control (CDC) recommendations.
 - b. In general, the more stringent occupational health exposure standard shall be used as the criteria for assessment.

- c. Laboratories employed in the analysis of industrial hygiene environmental or biological samples shall be accredited by the appropriate agency, including but not limited to the American Industrial Hygiene Association and the National Voluntary Laboratory Accreditation Program of the National Institute for Standards and Technology.
- d. OSHEM personnel shall perform or oversee all SI exposure assessment monitoring for SI including administration of all off-site contracts. OSHEM shall provide a report to the supervisor, affected employees and Safety Coordinator within 5 working days of receipt of monitoring results detailing the results of monitoring, the protocols used, criteria for assessment and recommendations for engineering/administrative controls. The report shall specifically advise which employees are required to enter the respective appropriate medical surveillance program.
- e. The supervisor shall provide a copy of the noise exposure monitoring report to every employee to whom it applies, within 15 days of receipt of report.
- f. The medical monitoring requirements for each of the OSHA-regulated programs are listed in [OSHA Publication 3162](#), "Screening and Surveillance: A Guide to OSHA Standards." The requirements outlined in this publication shall be considered the "bare minimum" for medical monitoring.
- g. The applicable OSHEM OHSD monitoring team discusses with the employee or e-mails OSHA-mandated medical monitoring results as required by the individual surveillance program protocol or personal results that are confidentially addressed to the employee within 15 days of the exam date.

D. HAZARD CONTROL

1. Engineering or Administrative Controls must be used to minimize or eliminate potential health risks through effective use of permanent controls (engineering, product substitution, or administrative). Until permanent controls can be implemented to reduce exposures below the applicable OSHA, ACGIH, or suitable criterion (per C.3 above), employees shall wear appropriate personal protective equipment and participate in a medical surveillance program when required.
2. Work-Related Health Effects. The health of hazard-exposed workers must be monitored to determine if work-related health problems are occurring or an acute incident has occurred. OSHEM OHSD shall establish medical monitoring content and frequency based on an understanding of the job/task demands, exposures to employees, the medical effects of specific exposures, the impact of specific medical

conditions on job/task performance and safety, and legal and regulatory requirements.

a. Medical Monitoring Evaluation Types

(1) Pre-placement or Baseline

(a) This medical monitoring is performed before placement in a specific job to assess (from a medical standpoint):

- i. If the employee will be able to perform the job capably and safely;
- ii. If the employee meets any established physical standards; and
- iii. Obtain baseline measurements for future comparison.

(b) Ideally, pre-placement/baseline medical monitoring should be performed prior to the commencement of work. However, if the individual already has started work, this medical monitoring shall be completed within 30 days of assignment before exposure to a potential hazard.

(2) Periodic. This medical monitoring is conducted at scheduled intervals. Periodic medical monitoring may include an interval history, physical examination, and/or clinical and biological screening tests. The scope of periodic medical monitoring shall be determined by OSHEM OHSD after consideration of the information contained in this Chapter, professional practice standards, regulatory guidance, and any other relevant factors.

(3) Termination

(a) There are two kinds of termination monitoring:

- i. Termination of Employment – This medical monitoring is designed to assess pertinent aspects of the employee's health when he/she leaves employment. Termination of employment examinations will be offered to employees who were enrolled in a medical surveillance program and who wish to have a termination of employment evaluation. The employee should contact OSHEM OHSD at least 30 days prior to their exit date. Documentation of examination results may be beneficial in assessing the relationship of any future medical problems to an exposure in the workplace, especially for those conditions that are chronic or may have long latency periods. Some Federal regulations require termination of employment examinations (e.g., asbestos – 29 CFR 1910.1001).

- ii. Termination of Exposure – This medical monitoring is performed when exposure to a specific hazard has ceased. Exposure to specific hazards may cease when an employee is reassigned, a process is changed, or he/she leaves employment. Termination of exposure medical monitoring is most beneficial when the health effect being screened for is likely to be present at the time exposure ceases. Some Federal regulations require termination of exposure examinations (e.g., HAZWOPER – 29 CFR 1910.120).
 - (b) In the event an employee declines termination medical monitoring, the employee shall be asked to sign a [“Waiver of Exit Medical Monitoring” form, Attachment 3.](#)
- b. Enrollment in Medical Monitoring
 - (1) The Safety Coordinator with the assistance of the supervisor, shall be responsible for contacting OSHEM OHSD when baseline, termination, and project/task-specific medical monitoring is required. OSHEM OHSD shall maintain an employee scheduling database for tracking periodic medical monitoring. The Safety Coordinator will be sent a list of employees who are due for periodic medical surveillance exams 2 months prior to the date due. The Safety Coordinator shall receive a list of times and dates from OHSD to fill in and return to OHSD as confirmed.
 - (2) The supervisor is responsible for ensuring the employee makes and completes his/her medical surveillance appointment.
 - (3) If medical monitoring becomes due during an employee’s pregnancy or while the employee is out on Long Term Disability (LTD), it is advisable to defer the monitoring per personal medical physician request until after delivery or conclusion of treatment and the employee is released to return to work by the personal physician from family/medical leave status.
- c. Medical Monitoring Follow-Up
 - (1) Following each medical monitoring exam, if indicated in the protocol, OSHEM OHSD shall issue a physician’s written opinion of the employee’s performance-of-duty abilities to the employee and Safety Coordinator with a copy to the supervisor and management with a need to know. The physician’s written opinion shall include any medical restrictions and address the employee’s ability to use PPE. OSHEM OHSD shall mail medical monitoring results that are confidentially addressed to the employee within 21 days of the exam date.

(2) OSHEM OHSD shall be responsible for advising supervisors and management with a need to know on performance-of-duty issues related to employee non-occupational medical conditions as they affect or are affected by the work environment. Performance-of-duty determinations shall fall in one of the following three categories.

- (a) Qualified - the employee meets the medical requirements of the position and is (from a medical standpoint) capable of performing the required tasks. Allowing the employee to perform the job will not pose a significant risk to personal health and safety or the health and safety of others.
- (b) Qualified with Restriction - the employee meets the medical requirements of the position and is capable of performing the job without risk to personal health or others only with some accommodation or restriction. When this determination is made, the practitioner shall provide a list of recommended accommodations or restrictions, the expected duration of this requirement, and therapeutic or risk-avoiding benefit.
- (c) Not Qualified - The employee is incapable of performing essential tasks, will be unsafe, or fails to meet medical requirements for the job.

E. TRAINING. Employees enrolled in any medical surveillance program specified by this Chapter, or whose work is covered by requirements of the OSHA regulated substances listed in Section H of this Chapter, will receive safety training as required by OSHA.

F. REQUIRED INSPECTIONS AND SELF ASSESSMENTS

- 1. Safety Coordinators and supervisors shall review their operations at least annually or when a change in process, employees or materials occur to ensure that employees are properly assessed for exposures per this Chapter, and enrolled in appropriate medical surveillance programs, per this Chapter.
- 2. OSHEM shall evaluate the Exposure Assessment and Medical Surveillance Monitoring Program annually and revise the program as needed.

G. RECORDS AND REPORTS

- 1. Hazard re-assessment documents (new JHA), whenever a change in production, process, equipment, or controls occurs that may alter the initial employee exposure assessment results, are to be maintained by

the Safety Coordinator and work supervisor whose employees are affected.

2. Industrial hygiene surveys of workplaces that identify all potential exposures and other employee safety and health risks, and establish complete workplace exposure profiles are to be maintained by OSHEM, Safety Coordinator and supervisor.
3. In the event an employee declines termination medical monitoring, the employee shall be asked to sign a "Waiver of Exit Medical Monitoring" form. Documentation is to be maintained by OSHEM, employee, Safety Coordinator and supervisor.
4. Following each medical monitoring exam, OSHEM OHSD shall issue a physician's written opinion to the employee and Safety Coordinator with a copy to the supervisor, which will include any medical restrictions and address the employee's ability to use personal protective equipment. OHSD shall mail medical monitoring results, confidentially addressed to the employee at the worksite address within 15 days of the exam date, if indicated per protocol.
5. Access to Records
 - a. Employees and their designated representatives shall have access to medical and exposure records relevant to the employee, in accordance with the requirements of OSHA 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."
 - b. The supervisor shall provide a copy of the exposure monitoring report to every employee to whom it applies within 15 days of receipt of the report.
6. Employee Exposure Records. Employee exposure records contain information on the levels of an employee's exposure to potentially hazardous agents. Examples of employee exposure records include:
 - a. Personal air samples;
 - b. Area and environmental samples of the operations and operational areas;
 - c. Material Safety Data Sheets that indicate the material may pose a health hazard;
 - d. Biological monitoring results that directly assess the absorption of a substance/agent by body systems; and
 - e. A chemical inventory or other record that shows the identity and use of the material.
7. Employee exposure records, as defined in OSHA 29 CFR 1910.1020, shall be maintained by OSHEM OHSD in the employee's medical file for the duration of the employee's employment plus 30 years (or as

otherwise stated in [Chapter 8, “Program Reporting and Recordkeeping Procedures”](#), of this *Manual*).

8. Employee Medical Records. Employee medical records are confidential records concerning the health status of an employee. Medical records shall be available to the employee through OSHEM. Employees should contact OSHEM OHSD for medical record access procedures. Employee medical records, as defined in [OSHA 29 CFR 1910.1020](#), shall be maintained by OSHEM in the employee’s medical file for the duration of the employee’s employment plus 30 years (or as otherwise stated in [Chapter 8, “Program Reporting and Recordkeeping Procedures”](#), of this *Manual*).

H. REFERENCES

1. Office of the Under Secretary of Defense for Acquisition and Technology, “Occupational Medical Surveillance *Manual*, May 1998. DOD 6055.5-M. <https://www.denix.osd.mil/denix/Public/ES-Programs/Safety/Documents/6055.5/Manual.html#c15>
2. URS Safety Management Standard 024, “Medical Screening and Surveillance,” issued 02/12/01.
3. OSHA, “Screening and Surveillance: A Guide to OSHA Standards.” OSHA Publication 3162 reprinted 2000. <http://www.osha.gov/Publications/osha3162.pdf>
4. OSHA 29 CFR 1910.20, “Access to Employee Exposure and Medical Records.” http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10027
5. OSHA, “Medical Screening and Surveillance – OSHA Standards.” www.osha.gov/SLTC/medicalsurveillance/standards.html
6. OSHA standards with specific exposure assessment/medical surveillance requirements:
 - a. [29 CFR 1910 Subpart Z](#), “Toxic and Hazardous Substances”
 - b. [29 CFR 1910.1045](#), “Acrylonitrile”
 - c. [29 CFR 1910.1001](#) and [29 CFR 1926.1101](#), “Asbestos”
 - d. [29 CFR 1910.1018](#), “Inorganic Arsenic”
 - e. [29 CFR 1910.1028](#), “Benzene”
 - f. [29 CFR 1910.1030](#), “Bloodborne Pathogens”
 - g. [29 CFR 1910.1051](#), “1,3-Butadiene”
 - h. [29 CFR 1910.1027](#), “Cadmium”

- i. [29 CFR 1910.1003](#) through 1010.1016, “Carcinogens (Suspect)”
 - 4-Nitrobiphenyl
 - alpha- Naphthylamine
 - Methyl chloromethyl ether
 - 3’-Dichlorobenzidine (and its salts)
 - bis-Chloromethyl ether
 - beta-Naphthylamine
 - Benzidine
 - 4-Aminodiphenyl
 - Ethyleneimine
 - beta-Propiolactone
 - 2-Acteylaminofluorene
 - 4-Dimethylaminoazobenzene
 - N-Nitrosodimethylamine
- j. [29 CFR 1926.1129](#), “Coke Oven Emissions”
- k. [29 CFR 1910. Part M](#), “Compressed Gas and Compressed Air Equipment”
- l. [29 CFR 1910.1043](#), “Cotton Dust”
- m. [29 CFR 1910.1044](#), “1,2-Dibromo-3-chloropropane”
- n. [29 CFR 1910.1047](#), “Ethylene Oxide”
- o. [29 CFR 1910.1048](#), “Formaldehyde”
- p. [29 CFR 1910.120](#), “HAZWOPER”
- q. [29 CFR 1910.1450](#), “Occupational exposure to hazardous chemicals in laboratories”
- r. [29 CFR 1910.1096](#), “Ionizing Radiation”
- s. [29 CFR 1910.1025](#) and [29 CFR 1926.62](#), “Lead”
- t. [29 CFR 1910.1450](#), “Methylenedianiline”
- u. [29 CFR 1910.1052](#), “Methylene Chloride”
- v. [29 CFR 1910.95](#), “Noise”
- w. [29 CFR 1910.134](#), “Respiratory Protection”
- x. [29 CFR 1910.1017](#), “Vinyl Chloride”

OSHEM Medical Surveillance Program Request Form

STEP 1 – Authorization Request:

Employee Name: _____
 Last 4 digits SS#: _____ Occupation: _____
 Phone #: _____ DOB: _____ E-mail: _____
 Location: _____ FAX #: _____
 Supervisor: _____ Phone#: _____
 E-mail: _____ Initial Request: _____ / Up-dated requested for: _____

STEP 2 - Safety Coordinator's Instructions:

This form must be completed by the supervisor, validated by the Safety Coordinator and exposures confirmed by the OSHEM Industrial Hygienist. OSHEM Industrial Hygienist will forward the request to OHSD.

STEP 3 - Reason for Request (Check all that applies):

- | | | | |
|---|---|-------------------------------------|--|
| Arsenic <input type="checkbox"/> | BBP <input type="checkbox"/> | Cadmium <input type="checkbox"/> | Chromium <input type="checkbox"/> |
| Cyanide <input type="checkbox"/> | Formaldehyde <input type="checkbox"/> | Lead <input type="checkbox"/> | Mercury <input type="checkbox"/> |
| Methylene Chloride <input type="checkbox"/> | Organophosphates <input type="checkbox"/> | Carbamates <input type="checkbox"/> | Hazardous Noise <input type="checkbox"/> |
| Other <input type="checkbox"/> | | | |

STEP 4 - Explain Job Tasks Requiring Monitoring/Immunization(s):

Work Area: _____
 Explanation: _____

 Supervisor's Signature

 Date

 Safety Coordinator's Signature

 Date

 Industrial Hygienist Signature

 Date

(Route through email)

Zoonosis Exposure Surveillance Form

Employee Name _____ Date of
Employment _____
Occupation _____
Location/Area _____
Supervisor Authorizing
Enrollment _____
Supervisor Phone Number _____ Employee
Phone _____
Explain Type of Animal or Tissue Exposures:

Will the tissues be _____ fixed, or non-fixed _____?
Describe what PPE this employee will need to use _____

In the event of an emergency, is this employee considered essential
personnel? ____ Yes ____ No

Are they going to have respiratory or chemical exposures?
____ Yes ____ No

If so, please describe what types: _____

Instructions:

Please have the employee bring a copy of their most recent immunization records, chest x-ray report (if applicable), and allergy history to the occupational health clinic visit.

Waiver of Medical Monitoring

I have been a participant in the Smithsonian Institution (SI) Medical Monitoring Program which entitles me to termination medical monitoring upon reassignment to a position that does not require medical clearance, or upon termination of my employment. I understand that SI encourages employees to schedule and complete termination medical monitoring; however, I voluntarily relinquish the opportunity to have termination medical monitoring.

Name: _____

Employee Number: _____

Date: _____

Employee Signature: _____

I have participated in the following programs: (Please check all that apply)

- Asbestos Medical Surveillance
- EPA Organophosphates & Carbamates Pesticide Medical Surveillance
- Hearing Conservation
- OSHA Regulated Substances (See I, page 12)
- Zoonotic Medical Surveillance