FIU
FLORIDA INTERNATIONAL UNIVERSITY
Miami's public research university

Environmental Health & Safety & Risk Management Services
✆ (305) 348-2621 *(305) 348-3574*
ehs@fiu.edu *www.fiu.edu/~ehs*

Appendix 1
Medical Surveillance Screening Form

(To be completed by employee-Please print all information)

Please read the following before completing this form:

1. *This 'Medical Surveillance Screening Form' has been specifically designed to obtain pertinent information regarding your exposure to hazardous/toxic/infectious substances.*
2. *After completing this form, please bring in to EH&S so that you may pick up a Letter of Authorization*
3. *Also, please fill out the appropriate Medical Questionnaire (s) before coming to EH&S*

Date: _____

Personal Information:

1. Name: _____
(First) (Last) (Middle)

2. Department: _____

3. School/College of: _____ 4. Name of Supervisor: _____

5. Work Telephone: _____ 6. Cell phone (optional): _____

7. Email: _____

8. Please let us know (where confidential information can be delivered)?
☐ Email ☐ Registered mail.
(If you select Registered Mail, please provide us with your Home Address below)

9. Home Address: _____
(Street) (City) (State) (Zip)

11. May we contact you by phone at home? ☐ Yes ☐ No
If yes, please provide your Home telephone number: _____

12. Medical evaluation is required for exposure to / work with: _____, _____, _____

13. Mechanism of Exposure: ☐ Ingestion ☐ Inhalation ☐ Dermal (skin) Contact

14. Name of Laboratory/department/workplace: _____
Building: _____ Room #: _____ Campus: _____

Signature of employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____