

Department, Complete section below and send to EH&S BSO@ehs.ufl.edu

Participant Name:		UFID:	DOB:	Male	Female	
Dept/Division :		Pos Title:	Pos #:	Email:		
Work Location of Participant: (Bldg/Room Number)						
Vendors Only: Lifting over 25lbs Lifting over 25lbs overhead		Climbing/Working on ladder Certifying/Repairing equipment	All Others -Work Duties: Inspections Emergency Response			In shared space with other agents Prolonged (over 4hrs) work in containment areas Other:
Anticipated Biohazard Exposure - List Agents						
Direct Exposure:			Indirect Exposure:			
Fiscal Contact Name		PI/Spvr Name		Has the Payment Authorization Form been submitted?		
Fiscal Phone		Phone		Yes		
Fiscal Email		Email		No		
This information is accurate. I understand the above named individual requires participation in the Biohazard Medical Monitoring Program and has reviewed the Program information. (http://www.ehs.ufl.edu/programs/bio/biopath_program/)						
PI/Supervisor Signature:		Date:		Submit to EH&S:		

EH&S will notify the Supervisor once the BioPath Authorization form had been uploaded to Occupational Health. Participant must then send completed [Biohazards Medical Assessment Questionnaire](#) to UF OCCMED Clinic at OccMedClinic-RiskAssessment@ahc.ufl.edu

Environmental Health & Safety Use:

Respirator Recommendation:	N95	N99	N100	PAPR	Other	
Additional PPE Requirements:	Cut-proof gloves		Double Gloves (latex/nitrile)		Tyvek Gown	Tyvek Coveralls Safety Goggles
Agent Exposure:	Room/Equipment Chemically Deconned		Works with agents or infected animals directly		Surfaces Disinfected	Agents Secured
	Not Applicable		Other			
EH&S Monitoring Recommendations:	Vaccination		Initial and annual blood tests		Initial Physical	Initial and/or annual review of questionnaire
EH&S Signature: _____ Print _____ Date _____						

UF OCCMED Clinic Use:

Diagnostic Testing:	TB TST Test (Initial)	Immunization: Hep B: #1	Influenza			
	TB TST Test (Annual)	#2	Small Pox			
	TB Annual Symptom Review	#3				
Other	Other					
Respirator Medical Clearance:	N95	N99	N100	PAPR	<i>EH&S fit testing is required after medical clearance</i>	
Other:						

UF OCCMED Clinic Statement Use:

Follow-Up Due

No Restrictions	Licensed Healthcare Provider Signature	1 yr	Date
Specific Restrictions		Other	Date
Date		Comments:	