

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

Participant Name:		UFID:	DOB:	Gender at birth Male Female
Dept/Division :	Pos Title:	Pos #:	Email:	
Work Location of Participant: <i>(Building or Building Number)</i>				
Work Duties: In shared space with other agents Prolonged (over 4hrs) work in containment areas		Inspections Emergency Response Certifying/Repairing Equipment	Other (Describe below):	
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 No		
Fiscal Email	Email			
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 or Waiver	Initial/Annual testing	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 T-SPOT Test (Initial)	TB TST Test (Annual)	#2	Small Pox		
TB T-SPOT Test (Annual)	TB Annual Symptom Review	#3	Anthrax		
PFT		Other			
Ferritin - TIBC					
Q-Fever (Initial)					
Q-fever (Annual)	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

Fit for duty with No Restrictions	Licensed Healthcare Provider Signature	1 yr Date
Fit for duty with the following Specific Restrictions:		Other Date
	Date	Comments: