

University of Michigan
Occupational Safety & Environmental Health
Medical Surveillance Request Form

Please Print or Type

NAME: _____ SSN: _____ DOB _____

UMID# _____ E-mail _____ DEPT _____

Job Title _____ Work Phone# _____ Dept. Fax # _____

Dept. Contact _____ Contact Phone _____

Contact E-mail _____

Supervisor _____ Supervisor Phone # _____

For OSEH office use only:

Notes:

IH CODE _____

IH INITIALS _____

CHECK TYPE OF EXAMINATION(S) REQUESTED (refer to medical surveillance coordinator for assistance)

_____ **Asbestos Worker**

_____ **Respirator Use – Mandatory User-EXAM** Reason for respirator use: _____

_____ **Respirator Use – Mandatory User-QUESTIONNAIRE** Reason for respirator use: **N95 ONLY**

_____ **Respirator Use – Voluntary User-QUESTIONNAIRE** Reason for respirator use: _____

_____ **Heat Stress**—Reason for heat stress: _____

_____ **Noise Exposure** -Reason for noise exposure: _____

_____ **Motor Vehicle Operator** (any vehicle with a weight rating of 10,001 lbs to 26,000 lbs)

_____ **Commercial Driver's License**
(any vehicle with a weight rating of over 26,001 lbs, or with DOT placard, or that carries 16 or more passengers)

_____ **Permitted Equipment Exam** – questionnaire attached

_____ **Animal Handler-** Questionnaire

_____ **TB Testing**—Self-Read
(Incidental Contact with Primates)

_____ **TB Testing**—Clinic Read
(Hospital requirement)

_____ **Other – Please be specific:** _____

Supervisor/Department Authorization Signature _____

OSEH Authorization Signature _____

RETURN FORM TO:

DONNA CAPRON
MEDICAL SURVEILLANCE COORDINATOR
OSEH - 1239 KIPKE DRIVE #1010
Office #615-2140 FAX #: 647- 4768