

San Diego State University
Environmental Health and Safety Department

SDSU Medical Surveillance Notification Form

In order to implement and manage the SDSU Medical Surveillance Program, the Environmental Health and Safety Department must be notified when employees are involved in work practice or workplace where health or physical hazard potentially exists. These employees will need to be enrolled in the Medical Surveillance Program which involves scheduling for initial medical exam prior to start of work as well as exit exams prior to the last day of employment. The Medical Surveillance Program applies to permanent and temporary employees. It is the responsibility of the employee supervisor to complete and notify EHS of the following information:

Department: _____ Supervisor Name: _____ Phone #: _____

Employee Name: _____ Red ID: _____ Date of Birth: _____

Brief Job Description: _____

Exam Type: Animal Handler Asbestos Audiometry Diving Hazwoper Respiratory

Check Employer: SDSU Employee Research Foundation or Other Auxiliary: _____

Check Applicable Box:

- New Hire Employee
Employee Start Date: _____ (Provide Advanced Notification to EHS)
- Change in Job Task/Assignment
Nature of Change: _____
- Employee Request (Request made but work environment does not exceed CalOSHA Exposure Limits)
Nature of Request (i.e. pre-existing condition, dusty): _____
- Termination of Employee
Termination Date: _____ (Provide Advanced Notification to EHS)

Failure to notify and complete the required exam will either prevent or remove the employee from being enrolled in the Medical Surveillance Program.

Completed form shall be submitted to EHS, MC 1243 or faxed to EHS at x42854. For more information or questions, please contact x46965 or x42865.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

EH&S Representative Signature: _____ Date: _____