

Biohazard Medical Monitoring Form

Initial Enrollment
 Change in biohazard exposure
 Specify _____
 Annual Renewal

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:		Inspections	Other (Describe below):	
In shared space with other agents		Emergency Response		
Prolonged (over 4hrs) work in containment areas		Certifying/Repairing Equipment		
Anticipated Biohazard Exposure - List Agents				
Direct Exposure:		Indirect Exposure:		
Fiscal Contact Name		PI/Spvr Name		
Fiscal Phone		Phone		
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 https://www.ehs.ufl.edu/departments/research-safety-services/biosafety/biopath-program/				
PI/Supervisor Signature:		Date:	Submit to EH&S:	

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 _____						