

UW Occupational Health Program Requisition Form for Pre-Exposure Services

This form confirms the eligibility for the employee listed below to receive all preventive services checked. Please schedule an appointment by calling 608-265-5610. Bring this completed form with you to your appointment located on 6th floor at 333 East Campus Mall. Employees and supervisors should consult with the UW Occupational Health Office at 265-5000 regarding specific recommendations on recommended services.

Today's Date

Employee Name

Date of Appointment

Employee Title

Supervisor

Employee Department/Lab

Supervisor E-mail

Department Funding String

Supervisor Phone

Employee Occupational Risks and Exposures

Animal Contact exposure to vertebrate animals, animal tissues, body fluids or wastes. Please complete the Animal Contact Questionnaire prior to appointment.

Infectious Agent Exposure laboratory exposure to infectious or potentially infectious materials. Please specify all potential agents

- _____
- _____
- _____
- _____
- _____
- _____

Asbestos Abatement individuals involved in an abatement effort

Commercial Drivers License for those required to have a commercial drivers license as part of their UW employment

Contact with Human Blood or Other Potentially Infectious Material (OPIM) includes human body fluids other than feces, urine, tears and sweat

Law Enforcement duties with the University Police Department

Noise (Work in Area of Excessive Noise) noise level defined by OSHA

Patient Contact having physical or face-to-face contact with a patient, or having contact with potentially contaminated items including (but not limited to) blood and/or body fluids

Pesticide Use individuals who use pesticides as defined in the *Medical Monitoring Program for Pesticide Users*

Respirator Use for individuals required to wear a respirator on a routine or emergency basis

Other, please explain:

Services Requested:

Vaccinations

Immunization Review
Hepatitis B #1
Hepatitis B #2
Hepatitis B #3
Rabies
Botulinum Toxoid
Smallpox
Dengue Fever
Varicella
MMR
Hepatitis A #1
Hepatitis A #2
Influenza
Typhoid Fever
Yellow Fever
Japanese Encephalitis
HPV #1
HPV #2
HPV #3
Tetanus-Td
Tetanus-Tdap

TB Screening

TB Skin Test Placement
TB Skin Test Read
Positive TB Skin Test Reactor Symptom Screen
Quantiferon TB-Gold

*******Serologic Confirmation of Immunity**

Hepatitis B surface Antigen
Rabies Titer
Other-Specify: _____

Respirator Fit Testing (includes questionnaire review)

N95
Other respirator (please specify)

Other Medical Services

Animal Contact Risk Questionnaire Review
Spirometry
Chest X-ray
ECG
Audiometry
Laser Eye Exam
Oseltamivir prophylaxis
Other prophylaxis (please specify)

Laboratory testing (please specify)

Medical Evaluations

Fitness to use a Respirator Evaluation – no asbestos exposure
Fitness to use a Respirator Evaluation – asbestos exposure
Evaluation and prophylactic treatment for positive TB skin test
Hazmat physical exam
Nuclear Reactor Medical Evaluation
Medical Surveillance Consult
Pesticide User Exam
Pregnancy Risk Consultation
Other medical evaluation (please specify)

Occupational Medicine consultation regarding individual risk-Describe consultation requested and questions to be answered:

Is the employee able to read and speak English? If not, please explain:

[Outlook must be open before clicking Email Button](#)