

San Diego State University
Environmental Health and Safety Department

SDSU Medical Surveillance Notification Form

The SDSU Environmental Health and Safety (EH&S) Department must be notified when employees are involved in work practices or workplaces where health or physical hazard potentially exists. These employees will need to be enrolled in the Medical Surveillance Program which involves scheduling an initial medical exam prior to the start of working, as well as exit exams prior to the last day of employment. The Medical Surveillance Program applies to all paid staff and paid students workers. It is the responsibility of the employee's supervisor to notify EH&S of all new paid staff and students who may need to be enrolled into the Medical Surveillance Program:

Department: _____ Shop/Lab: _____
Supervisor Name: _____ Phone Number: _____
Employee Name: _____ Date of Birth: _____
Job Title: _____ Email Address: _____

Exam Type: Animal Handler Asbestos Audiometry Diving Hazwoper Respirator
 N95 Respirator Lead Crystalline Silica

Check Employer: SDSU Employee Research Foundation or Other Auxiliary:

Check Applicable Box:

- New Hire Employee or Reinstatement into Medical Surveillance Program
- Change in Job Tasks/Assignment
Nature of Change: _____
- Employee Request (Request made but workplace hazard does not exceed CalOSHA Exposure Limits)
Nature of Request(i.e. pre-existing health condition, nuisance, discomfort):

- Disenrollment
Reason for Disenrollment: _____
Disenrollment Date: _____
- End-of-Employment
End-of-Employment Date: _____ (Provide Advanced Notification to EH&S is needed)

Indicate date and time for medical services appointment at Sharp Rees-Stealy (preferably at least two weeks notice prior to first appt. date) Note: N95 Respirator may not require a medical appointment

Date & Time: _____ Date & Time: _____

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 EH&S (in person at Hardy Tower Rm. 58 or Mail Code: 1243) or emailed to pdesoto@sdsu.edu. For more information or questions, please contact Paul De Soto (x4-3088).

Employee Signature: _____ Date: _____
Supervisor Signature: _____ Date: _____
EH&S Representative Signature: _____ Date: _____