



# ENROLLMENT FORM/OCCUPATIONAL HEALTH AND SAFETY PROGRAM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PRINT**

(Last, First, Middle initial)

Are you an OSU employee? - Yes No CWID #: \_\_\_\_\_

If not, please explain: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Email: \_\_\_\_\_ Department: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male Female

**Please check all of the following that apply to you:**

- ☐ I work with potentially hazardous chemicals
- ☐ I work with biohazardous agents: ☐ BSL1 ☐ BSL2 ☐ BSL3
- ☐ I work with genetically engineered materials

**List** chemical hazards, all specific biohazards or radioisotopes you use.

☐ I have Security Risk Assessment clearance for the select agent and toxin program: (**check all that apply**)

- ☐ I work directly with select agents and/or toxins that are infectious/toxic to humans
- ☐ I work directly with select agents and/or toxins that are non-infectious/toxic to humans
- ☐ I enter spaces where work is performed with select agents and/or toxins that are infectious/toxic to humans
- ☐ I handle select agent and/or toxin packages
- ☐ I do not enter spaces where select agent and/or toxin work is performed

☐ I work with radioactive materials or X-ray machines

☐ I work with compounds whose safety is unknown

☐ I work with animals: ☐ ABSL1 ☐ ABSL2 ☐ ABSL3 (**check all that apply**)

☐ Amphibians, reptiles, fish

☐ Birds

☐ Cattle, horses, pigs

☐ Dogs, ferrets, bats, bears

☐ Cats, random source or feral

☐ Nonhuman primates

☐ Rodents, rabbits

☐ Goats, sheep

☐ Wildlife/other \_\_\_\_\_

**To be completed by UHS**

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Category I   | <input type="checkbox"/> Category VI |
| <input type="checkbox"/> Category II  | <input type="checkbox"/> A           |
| <input type="checkbox"/> Category III | <input type="checkbox"/> B           |
| <input type="checkbox"/> Category IV  | <input type="checkbox"/> C           |
| <input type="checkbox"/> Category V   | <input type="checkbox"/> D           |

- ☐ Risk assessment complete \_\_\_\_\_ (date)
- ☐ No medical evaluation required \_\_\_\_\_ (date)
- ☐ Medical evaluation completed \_\_\_\_\_ (date)
- ☐ Medical declination completed \_\_\_\_\_ (date)
- ☐ Additional information needed \_\_\_\_\_ (date)

Med. Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Supervisor Signature**