



# ENROLLMENT FORM/OCCUPATIONAL HEALTH AND SAFETY PROGRAM

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
**PLEASE PRINT** (Last, First, Middle initial)

Are you an OSU employee? - CWID #: \_\_\_\_\_

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

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

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

Work 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
- 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, Cats, Ferrets
  - Nonhuman primates
  - Rodents, Rabbits
  - Sheep, Goats
  - 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)  
 Serum banked \_\_\_\_\_ (date)

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

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

\_\_\_\_\_  
**Employee**  
Signature Revised Nov 2021

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