

UNIVERSITY OF MICHIGAN – FLINT  
Environment, Health & Safety Dept.

**2009 ANNUAL HEALTH ASSESSMENT REQUEST FORM**

Please Print or Type

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Department: \_\_\_\_\_ UMID#: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

***CHECK TYPES OF JOB DUTIES & POTENTIAL EXPOSURES:***

\_\_\_\_\_ Toxic Materials - List: \_\_\_\_\_

\_\_\_\_\_ Asbestos Exposure - Specify: \_\_\_\_\_

\_\_\_\_\_ Lead Exposure - Specify: \_\_\_\_\_

\_\_\_\_\_ Carcinogens - List: \_\_\_\_\_

\_\_\_\_\_ Formaldehyde - Specify: \_\_\_\_\_

\_\_\_\_\_ Heat/Cold Stress - Sources: \_\_\_\_\_

\_\_\_\_\_ Noise - Sources: \_\_\_\_\_

\_\_\_\_\_ Waste Handler: (Biological / Chemical / Infectious / Radioactive)

\_\_\_\_\_ Pesticides: \_\_\_\_\_

\_\_\_\_\_ Respirator Use - Reason for Use: \_\_\_\_\_

\_\_\_\_\_ Animal Handler - List: \_\_\_\_\_

\_\_\_\_\_ Laser Operator Other - Please Be Specific: \_\_\_\_\_

\_\_\_\_\_ Any changes in job duties in the past year? Specify: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

_____ Permitted Equipment Operators
_____ Aerial Work Platform Operator - date when expired: _____
_____ Powered Industrial Truck Operator (eg. fork lift) - date when expired: _____
_____ Commercial Driving License (CDL) - date when expired: _____
_____ Motor Vehicle Operator - date when expired: _____
_____ Operator of Passenger Carrying Vehicle - date when expired: _____
<i>ALL Operators and Drivers listed above must complete the UM-Flint Physical Qualifications Form.</i>

Authorization: \_\_\_\_\_  
Supervisor/Department Head Signature Date

**PLEASE RETURN FORM TO:**

**EHS**  
Health Assessment Program  
204 UPAV