The University of Michigan – Flint
EHS Health Assessment & Medical Surveillance Program

CURRENT TESTING DONE FOR EACH CATEGORY

The University of Michigan-Flint Environment, Health & Safety Department works with Departmental Supervisors to identify potential workplace exposures based on the individual employee’s assigned job duties.

The University’s Designated Medical Provider will notify EHS on the same day of the exam through either fax or e-mail if there is reason that the employee has any specific work restrictions. They will follow up with EHS by phone. Medical Surveillance Result Forms (or equivalent) and Written Physician Opinions, if applicable, shall be sent to EHS within 10 working days of the exam, or some other mutually agreed upon time.

The University’s Designated Medical Provider will review the employee’s job description and physical requirements as well as the potential exposure and work activities identified on the employee’s Annual Health Assessment Request Form. The following identifies the recommended test, however, the physician may require and request other tests deemed appropriate by the examining physician and sound medical practice.

**ASBESTOS WORKER:**
- Initial/periodical Asbestos Questionnaire.
- Basic Physical (emphasis on the respiratory, cardiovascular & digestive systems)
- Pulmonary Function Testing including FVC & FEV₁
- Chest x-ray (B reader) if determined necessary by the physician.
- Any other tests deemed appropriate by the examining physician and sound medical practice.

FROM University’s Designated Medical Provider:
- Medical Surveillance Result Form issued to EHS.
- Asbestos Medical Surveillance Exam Form issued to EHS.

**RESPIRATOR USE (CARTRIDGE):**
(1-3 YEARS DEPENDING ON MEDICAL CONDITION)

- Respirator Questionnaire
  - “Voluntary” users will be sent questionnaires.
  - Questionnaires will be faxed to EHS for review by clinician.
  - Clinic exam will be scheduled if clinician determines it is necessary.
  - “Mandatory” users will complete the questionnaire at the time of the clinic exam.
- Basic Physical (evaluation of the cardiovascular system)
- Pulmonary Function Testing including FVC & FEV₁ (if determined necessary by the examining clinician)
- Any other tests deemed appropriate by the examining physician and sound medical practice.

FROM University’s Designated Medical Provider:
- Medical Surveillance Result Form issued to EHS.
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HEAT STRESS:
(ANNUAL)
✓ Occupational/Medical History Questionnaire.
✓ Basic Physical (evaluation of the cardiovascular system)
✓ EKG if determined necessary by the physician.
✓ Health Screen Panel if determined necessary by the physician.
✓ Any other tests deemed appropriate by the examining physician and sound medical practice.

FROM University’s Designated Medical Provider:
➢ Medical Surveillance Result Form issued to EHS.

NOISE:
(ANNUAL)
✓ Audiogram
✓ Any other tests deemed appropriate by the examining physician and sound medical practice.

FROM University’s Designated Medical Provider:
➢ Medical Surveillance Result Form issued to EHS.

MOTOR VEHICLE OPERATOR: (operates a vehicle 10,001 lbs. to 26,000 lbs.)
(ANNUAL)
✓ Occupational/Medical History Questionnaire
✓ DOT Physical
✓ Vision/color/depth
✓ Audiogram
✓ EKG (if indicated by doctor)
✓ Any other tests deemed appropriate by the examining physician and sound medical practice
✓ Urine Dip Stick

FROM University’s Designated Medical Provider:
➢ Medical Surveillance Result Form issued to EHS.

COMMERCIAL DRIVING LICENSE: (CDL) (operates a vehicle 26,001 or more, DOT placard or carries 16 or more passengers) (ANNUAL)
✓ Occupational/Medical History Questionnaire
✓ DOT Physical
✓ Vision/color/depth
✓ Audiogram
✓ EKG (if indicated by doctor)
✓ Any other tests deemed appropriate by the examining physician and sound medical practice
✓ Urine Dip Stick

FROM University’s Designated Medical Provider:
➢ Medical Surveillance Result Form issued to EHS.
➢ DOT Medical Card issued to the employee.
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PERMITTED EQUIPMENT: (CDL)
(EVERY 3 YEARS)
✓ Occupational/Medical History Questionnaire
✓ Basic physical
✓ Vision/color/depth
✓ Audiogram
✓ EKG (if indicated by doctor)
✓ Any other tests deemed appropriate by the examining physician and sound medical practice
✓ Urine Dip Stick

FROM University’s Designated Medical Provider:
➢ Medical Surveillance Result Form issued to EHS.

ANIMAL HANDLER:
(ANNUAL)
✓ Zoonoses Questionnaire Review (Questionnaire Issued by EHS)
✓ Schedule Clinic Exam if clinician review indicates the need
✓ Tests deemed appropriate by the examining physician and sound medical practice

FROM University’s Designated Medical Provider:
➢ Medical Surveillance Result Form issued to EHS.

TB TESTING – ANIMAL EXPOSURE PROGRAM:
(EVERY 6 MONTHS)
✓ TB Skin Testing at EHS TB Clinic-every 6 months – self read form

TB TESTING – HOSPITAL REQUIREMENT:
(EVERY 6 MONTHS)
✓ TB Skin Testing at UHWC (Urban Health and Wellness Clinic) or University’s medical provider-once a year-clinic read.

OTHER:

LEAD:
(ANNUAL)
✓ Blood draw for lead, Zpp

FOLLOW-UP SURVEILLANCE:
✓ If blood lead is at or above 40ug/dl, schedule employee for follow-up blood and ZPP every two months. Follow-up testing will continue until two consecutive blood samples indicate a blood lead level below 40 ug/dl.
✓ If blood lead is at or above 50 ug/dl, schedule employee for follow-up blood and ZPP once per month. Follow-up testing will continue until two consecutive blood samples indicate a blood lead level below 40 ug/dl.

FROM University’s Designated Medical Provider:
➢ Medical Surveillance Result Form issued to EHS.
➢ Lead Physician’s Written Opinion Form issued to EHS.
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PESTICIDE: (employees who actively use cholinesterase inhibiting pesticides)

New Pesticide Applicators:
✓ Cholinesterase baseline blood draw prior to exposure
✓ Basic Physical (annual)

Pesticide Applicators that have applied Cholinesterase Inhibiting:
✓ Routine blood draw 24 hours – 48 hours after Cholinesterase Inhibitor has been used (If pesticide applicator hasn’t applied within the 24-48 hour, please give referral form for a return visit).
✓ Basic Physical (annual)

FROM University’s Designated Medical Provider:
➢ Medical Surveillance Result Form issued to EHS.

FORMALDEHYDE QUESTIONNAIRE: (employees exposed to formaldehyde in concentrations at or greater than the action level or exceeding the STEL, as defined by 29 CFR 1910.1048)

(ANNUAL)

✓ Medical Disease Questionnaire, schedule clinical exam if physician determines it is necessary or schedule exam if employee was exposed to formaldehyde during an emergency.

Medical Examination:
✓ Physical examination (emphasis evidence of irritation or sensitization of the skin and respiratory system, shortness of breath, or irritation of the eyes.
✓ Pulmonary Function Testing including FVC & FEV₁
✓ Counseling of employees having medical conditions that would be directly or indirectly aggravated by exposure to formaldehyde.
✓ Any other tests deemed appropriate by the examining physician and sound medical practice.

FROM University’s Designated Medical Provider:
➢ Medical Surveillance Result Form issued to EHS.
➢ Formaldehyde Physician’s Written Opinion Form issued to EHS.

ASBESTOS-PAST EXPOSURE: (In the past, employee worked with asbestos-containing materials but does not currently work with these materials)

(Annual)

✓ Occupational/Medical History Questionnaire
✓ Initial/periodical Asbestos Questionnaire.
✓ Basic Physical (emphasis on the respiratory, cardiovascular & digestive systems)
✓ Pulmonary Function Testing including FVC & FEV₁
✓ Chest x-ray (B reader) if determined necessary by the physician.
✓ Any other tests deemed appropriate by the examining physician and sound medical practice.

FROM University’s Designated Medical Provider:
➢ Medical Surveillance Result Form issued to EHS.
➢ Asbestos Physician’s Written Opinion Form issued to EHS.
DEFINITIONS:

HEALTH SCREEN PANEL:

1. Complete Blood Count with Differential
   - Red cell count
   - White cell count
   - Hemoglobin
   - Hematocrit
   - MCV
   - MCH
   - MCHC

2. Blood chemistry profile (i.e. Chem. 26 or equivalent)
   - A/G ratio
   - Albumin
   - Alkaline phosphatase
   - Bilirubin, total
   - BUN
   - BUN/creatinine Ratio
   - Calcium
   - CO₂
   - Cholesterol – Non-Fasting
   - Chloride
   - Creatinine
   - Globulin
   - Glucose
   - Lactic dehydrogenase
   - Phosphorous, inorganic
   - Potassium
   - Protein, Total
   - SGOT, Total
   - SGPT
   - Sodium
   - Triglycerides
   - Uric Acid

BASIC PHYSICAL:

1. A complete occupational/medical history review with special emphasis on past exposure, smoking habits and the cardiopulmonary and gastrointestinal systems.

2. A physical examination which will include, but not be limited to, the following parameters:
   - Height, weight
   - Temperatures, pulse, respiration, blood pressure
   - Head, eyes, ears, nose, throat
   - Chest
   - Respiratory
   - Cardiovascular (includes peripheral)
   - Abdominal
   - Skin
   - Neurological
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VISION SCREENING:

1. Vision screening examinations shall be conducted utilizing the Titmus vision screener.
2. Screening shall include:
   ✓ Right, left and binocular visual acuity for both near and far vision
   ✓ Phoria
   ✓ Depth perception
   ✓ Color perception
   ✓ Horizontal peripheral visual fields.