



# 2020 Annual Health Assessment Request Form

CLINIC: Genesys McLaren

Appt. Date \_\_\_\_\_

Appt. Time \_\_\_\_\_

Name: \_\_\_\_\_  
Last First  
 Department: \_\_\_\_\_ UMID#: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Work Phone#: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

**Check ALL job duties & potential exposures that apply:**

- \_\_\_\_\_ Changes in job duties in the past year? *Specify:* \_\_\_\_\_
- \_\_\_\_\_ Animal Handler - *List:* \_\_\_\_\_
- \_\_\_\_\_ Asbestos Exposure - *Specify:* \_\_\_\_\_
- \_\_\_\_\_ Carcinogens - *List:* \_\_\_\_\_
- \_\_\_\_\_ Formaldehyde - *Specify:* \_\_\_\_\_
- \_\_\_\_\_ Heat/Cold Stress - *Sources:* \_\_\_\_\_
- \_\_\_\_\_ Laser Operator Other - *Please Be Specific:* \_\_\_\_\_
- \_\_\_\_\_ Lead Exposure - *Specify:* \_\_\_\_\_
- \_\_\_\_\_ Noise - *Sources:* \_\_\_\_\_
- \_\_\_\_\_ Pesticides: \_\_\_\_\_
- \_\_\_\_\_ Respirator Use - *Reason for Use:* \_\_\_\_\_
- \_\_\_\_\_ Silica Exposure - *List:* \_\_\_\_\_
- \_\_\_\_\_ Toxic Materials - *List:* \_\_\_\_\_
- \_\_\_\_\_ Waste Handler (circle all that apply): (Biological / Chemical / Infectious / Radioactive)
- \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ **Permitted Equipment Operators**

- \_\_\_\_\_ Aerial Work Platform Operator - *expiration date:* \_\_\_\_\_
- \_\_\_\_\_ Powered Industrial Truck Operator (e.g., fork lift) - *expiration date:* \_\_\_\_\_
- \_\_\_\_\_ Bobcat - *expiration date:* \_\_\_\_\_
- \_\_\_\_\_ Commercial Driving License (CDL) - *expiration date:* \_\_\_\_\_
- \_\_\_\_\_ Chauffeur's Driving License - *expiration date:* \_\_\_\_\_
- \_\_\_\_\_ Motor Vehicle Operator - *expiration date:* \_\_\_\_\_
- \_\_\_\_\_ Operator of Passenger Carrying Vehicle - *expiration date:* \_\_\_\_\_

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