

**DREXEL UNIVERSITY and DREXEL UNIVERSITY COLLEGE OF MEDICINE
Guidelines for Occupational Health Services**

(PLEASE PRINT)

Employee Name _____
Department _____
Position/Title _____
Phone _____ Fax _____
Home Phone _____

Date of Hire _____
Supervisor/Contact _____
Phone: _____
Recruiter Name: _____

Have you ever been employed by Drexel University or Drexel University College of Medicine or an associated Hospital (HUH, MCP or EPPI)? _____

Check Each Appropriate Categories: *(You are required to obtain health screening services, if applicable, in order to continue in your position with DU or DUCOM. This screening must be done within ten (10) days of your date of hire.)*

- Research Activity 1** (Do not work with animals, human subjects / human blood or bodily fluids or exotic etiologic agents)
- Research Activity 2** (Work with human blood, bodily fluids, tissues or cell lines)
- Research Activity 3** (Work with human subjects)
- Research Activity 4** (Work with potentially pathogenic botanical agents)
- Research Activity 5** (Work with animals)
- Research Activity 6** (Work with biological agents known to be infectious, animals exposed to infectious / exotic agents or human subjects, blood or bodily fluids known to be exposed to or contain / carry infectious / exotic agents) List known agents below and have your Department Head / Supervisor sign and **fax to Safety & Health at (215) 895-5926.**
_____, _____, _____, _____
- Research Activity 7** (work with anesthetic gasses or chemical agents known to be carcinogenic, teratogenic or mutagenic) List known agents below.
_____, _____, _____, _____
- Clinical Activity 1** (Direct contact with patients)
- Clinical Activity 2** (Work with non-fixed human cadavers or tissues, human blood or bodily fluids or Work in a health care environment or doctor's office)
- Clinical Activity 3** (Work with anesthetic gasses)
- Administrative 1** (Located within a clinical area (hospital or doctor's office) where human subjects / patients are present)
- Administrative 2** (Located within a hospital building, but in an area where no patients are present)
- Administrative 3** (located in a separate, non-hospital building where no patients or human subjects are present)
- Other (please describe)** _____

Have you ever worked in a research or health care facility? _____ If so did you receive any vaccinations or immunization shots (please describe)? _____

Employee Signature _____ **Orientation Date** _____

Supervisor Signature _____ **Date** _____

(Please complete and fax to Safety & Health at (215) 895-5926)