

B

Please complete this form, along with forms A and C.

Mail or give all forms to - Vivarium Safety Officer, Mail Code 0091
To protect your privacy, please put forms B and C in a separate sealed envelope.

Initial Medical Clearance

PLEASE PRINT LEGIBLY

UCSD Center for Occupational & Environmental Medicine (COEM)

Registration & Charge Document

Purpose: This form contains unique identifiers which allow for accurate record keeping and is **NOT** seen by anyone except COEM. COEM uses this demographic data to create a medical record which houses forms and information pertaining only to you. This document is shredded after information is entered into the database.

Instructions: Please complete this form. You must also complete forms A and C. To protect your privacy, please put this form (B) with form C in a sealed envelope separate from form A and mail all forms to Vivarium Safety Officer 0091. Receipt of all forms is required to get medical clearance to work with or around research animals.

Date: _____

BULK NO. 9990011

To be completed by the participant (employee\affiliate)

Please check index number for recharge according to the department you work for.			
<input type="checkbox"/> OAR7656 for UCSD SOM (Medicine/Surgery/Pathology participants)			
<input type="checkbox"/> OAR7657 for UCSD Biology/Cognitive Science/ Psychology/Engineering/SIO participants			
<input type="checkbox"/> Other _____			
LAST NAME	FIRST NAME	MI	EMAIL
DATE OF BIRTH	SSN#	SEX	HOME PHONE ()
HOME ADDRESS	CITY	ZIP CODE	CELL PHONE ()
DEPARTMENT	SUPERVISOR or PI		WORK PHONE ()

(COEM use only)	
	MEDICAL SURVEILLANCE QUESTIONNAIRE REVIEW/FFD FORM # 510
	BRIEF TELEPHONE CONSULT FOR CLARIFICATION NO CHARGE
	SIMPLE PHONE CONSULT # 216
	OTHER:
COEM Paperwork processing:	
a. Fax certification to Bobbi Sawtelle, Fax#: 858-534-7561.	
b. Original paperwork to UCSD Medical Records; copy to COEM admin; copy of FFD to patient.	
c. Register patient; forward intake and copies of questionnaire/clearance to COEM billing.	
REVIEWING CLINICIAN SIGNATURE	PID#
DATE	TIME
	AM/PM

Form A: Work Evaluation Questionnaire for Employees or Affiliates with Research Animal Contact
Form C: Risk Assessment Questionnaire for Employees or Affiliates with Research Animal Contact