

Selection of Occupational Medical Services

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This form is to be completed by the employee seeking specific occupational medical service(s) through Wellstar Occupational Medicine. Once the form is complete it should be signed by the employee's supervisor and forwarded to Environmental Health and Safety (EHS) for approval. Once approved, EHS will coordinate the provision of the requested service(s) with Wellstar. For any questions or concerns regarding the form or Occupational Medical services, please contact EHS at ehs@kennesaw.edu or via phone

at 470-578-3321.					
	T		T T		
Employee Name			Date		
KSU ID#			Department		
Phone #			Supervisor		
Email Address					
Respirator Medic	ral Evaluation:	HAZWOPER:			Asbestos Exam:
Respirator Medical Evaluation: For personnel required to wear a respirator as		For members of EHS Response team.		For EHS personnel involved in collecting	
part of the employee's	•	for members of Eris nesponse team.			asbestos samples.
Employee Health Screening for		☐ Annual Scree	ning for Research	ers and	
Researchers and Animal Researchers:		Animal Researchers:			
For research personne	r research personnel required to complete a		A follow-up exam for research personnel		
re-employment medical exam.		required to have annual medical screening.			
Hepatitis B TDAP and T Rabies Vaco	D Vaccine				
Other requiremer	nts, please specify				
of their job and that the d	=	cessary evaluations,	vaccinations, and scre		dical services selected above is a requirement o effectively perform their duties and
<u>Approvals</u>					
Supervisor's Name	Supervisor'	Supervisor's Signature		D	ate
EHS Personnel Name	EHS Persor	EHS Personnel Signature D		ate	