**Occupational Health Assessment and Medical Surveillance Enrollment**

**Part I: To be completed by user and submit to HSEO**

**A. USER INFORMATION**

<table>
<thead>
<tr>
<th>User Name (Last, Other Name)</th>
<th>Position</th>
<th>Staff/Student ID</th>
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<tr>
<th>Department</th>
<th>Lab Rm No.</th>
<th>Principle Investigator</th>
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<tr>
<th>Lab Phone No.</th>
<th>Other Contact No.</th>
<th>E-mail</th>
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Safety Training Attended*:  
- MC01
- MC04
- MC06
- MC09
- Others:  

*Mandatory trainings: Radiation Worker – MC01, Laser Worker – MC04, Biological Worker – MC06, SCBA/Respirator user – MC09

Arrangement for physical examination will not be made until user has successfully completed relevant safety training(s).

**B. WORKPLACE HEALTH HAZARDS INFORMATION** (check all that apply and delete as appropriate)

**B1. Biohazard Worker**

Brief description of the operation associated with the health hazardous agent(s) below:

- [ ] Laboratory Animals (includes direct contact with animals, animal tissues, fluids or wastes):
  - [ ] Rat
  - [ ] Mice
  - [ ] Hamsters
  - [ ] Rabbits
  - [ ] Others:
  - [ ] Transgenic animal:
  - [ ] Toxic chemicals injected (Teratogen, Carcinogen):

- [ ] Infectious Agents (Risk Group, RG2 agents ONLY, RG3 agents are restricted in HKUST):
  - [ ] Human specimen:
  - [ ] Microorganism:
  - [ ] Cell lines:

- [ ] Recombinant or synthetic nucleic acid molecules (Risk assessment is required for assigned biosafety level):
  - [ ] Viral vector:
  - [ ] Source of genetic sequence:

**B2. Laser and Radiation Worker**

Brief description of the operation associated with the health hazardous agent(s) below:

- [ ] LASER system (open beam):  
  - [ ] Class 3B
  - [ ] Class 4

- [ ] Radioactive isotopes:  
  - [ ] Radiation User Registration application form attached
  - [ ] Application for Medical Examination of Employee application form attached

**B3. SCBA and Respirator User**

Brief description of the operation associated with the health hazardous agent(s) below:

- [ ] Chemicals:

- [ ] Nanomaterials:

- [ ] Dust/Particulates/Bioaerosols:

**DECLARATION:** My Principle Investigator has verified that all the information is accurate

User Signature: _______________________________ Date: _______________________________

Principle Investigator with Signature: _______________________________ Date: _______________________________
Part II. To be completed by HSEO

### A. RISK ASSESSMENT (FIELD TEAM)

#### A1. Biohazard Worker
- Risk Assessment for Research Involving Recombinant or Synthetic Nucleic Acid Molecules
- Biological Safety Cabinet (BSC)
- Additional control measures recommended:

#### A2. LASER and Radiation Worker
- LHCP
- RUA
- Additional control measures recommended:

#### A3. SCBA and Respirator User
- Chemical fume hood
- Local exhaust ventilation
- Chemical exposure monitoring
- Additional control measures recommended:

Medical surveillance program enrolled*: AH/BHW/RW/LW/SCBA/RU  □ New  □ Change of Status

* AH - Animal Handler,  BHW - Biohazard Worker,  RW - Radiation Worker,  LW - Laser Worker,  SCBA - SCBA User,  RU - Respirator User

Assessment Done By: _______________________________  Date: _______________________________

(HSE Specialist)

### B. EHS APPROVAL (Comments if any)

- Biosafety
- Radiation Safety
- Chemical Safety

Signed By: _______________________________  (Program in Charge)

Signed By: _______________________________  Date: _______________________________

Engineer (Occupational Hygiene)

### C. OCCUPATIONAL HEALTH PHYSICIAN

Additional Health Hazard Information (if applicable):  Date: _______________________________