



Instructions

This form is to be completed by the employee seeking specific occupational medical service(s) through Concentra. 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 Concentra. 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.

Employee Name		Date	
KSU ID #		Department	
Phone #		Supervisor	
Email Address			

<input type="checkbox"/> Respirator Medical Evaluation <input type="checkbox"/> Pre-employment (Baseline) <input type="checkbox"/> Annual <i>For personnel required to wear a respirator as part of the employee's work duties.</i>	<input type="checkbox"/> HAZWOPER <input type="checkbox"/> Baseline <input type="checkbox"/> Annual/Periodic <i>For members of EHS Response team.</i>	<input type="checkbox"/> Audiometric <input type="checkbox"/> Baseline <input type="checkbox"/> Annual/Periodic <i>For employees covered by the hearing conservation program.</i>
<input type="checkbox"/> Asbestos Exam <input type="checkbox"/> Baseline <input type="checkbox"/> Annual <i>For EHS personnel involved in collecting asbestos samples.</i>	<input type="checkbox"/> Health Screening for Researchers and Animal Researchers <input type="checkbox"/> Pre-employment/Baseline <input type="checkbox"/> Annual <i>For research personnel required to complete a pre-employment medical exam or annual follow-up exam.</i>	

Vaccination:

For personnel exposed to bloodborne pathogens (BPPs) or exposed to potentially infectious agents in labs, the animal research facility, or in the field.

- Hepatitis B Surface Antigen Test
- Hepatitis B Vaccine
- TDAP and TD Vaccine
- Rabies Vaccine

Other requirements, please specify

By signing and submitting this authorization form, the employee acknowledges that the occupational medical services selected above is a requirement of their job and that the employee will undergo the necessary evaluations, vaccinations, and screenings to effectively perform their duties and prevent/reduce the risk of illness, unless they have signed to opt-out of these services.

Approvals

Supervisor's Name

Supervisor's Signature

Date

EHS Personnel Name

EHS Personnel Signature

Date