

New Employee – Supervisor Checklist

Employee Name _____ M or SS Number _____

Date of Birth _____ Phone Number _____

Department _____ Supervisor Name _____

Supervisor Phone _____ Supervisor Fax _____

Responsible for the Safety of Other Yes No

Environments that are immediately dangerous to Life and Health (IDHL) Yes No

Working in hot or humid environments? Yes No

Agent/Hazards/Products to which the employee may be exposed - _____

Services Requested - CIRCLE all that apply

Respirator Use Yes No

Additional personal protective equipment worn while wearing a respirator _____

Immunizations – All new UC employees receive the bold italicized immunizations/titers

2 step TB

Measles, Mumps, Rubella, Vaccine/titer

Hepatitis B Vaccine/titer

Tetanus status

Chicken Pox (Varicella) Yes No

Urine Drug screen None Federal Non Federal

Physicals - Expected level of physical activity Light Moderate Strenuous

New Employee CDL Asbestos BSL3 Chemicals Radiation

Additional Requests - _____

Supervisor Signature _____ Date _____

FAX FORM TO University Health services at 513-584-2222