

University of New Mexico **Employee Occupational Health Services** Preplacement Evaluation Request

2400 Tucker NE, Family Practice Center # 232, MSC10 5550, Albuquerque, NM 87131-0001 Ph: (505) 272-8043 Fax: (505) 272-8044

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_____ LAST NAME	_____ FIRST NAME	_____ MI	_____ EMAIL
_____ JOB TITLE		_____ PHONE NUMBER	_____ ANTICIPATED START DATE
_____ SUPERVISOR NAME		_____ SUPERVISOR PHONE	
_____ DEPARTMENT		_____ DATE OF REQUEST	

New UNM Employee **Current UNM Employee (Change of Employment Status)**
 Former UNM Employee **UNMMG** **Other** _____

PLEASE INDICATE IF THIS POSITION INCLUDES ANY OF THE FOLLOWING COMPONENTS

<input type="checkbox"/> Work In Patient Care Environment and No Direct Patient Care <input type="checkbox"/> Provides Direct Patient Care <input type="checkbox"/> Possible exposure to human blood/body fluids <input type="checkbox"/> Office or LAB Work Only No Patient Care or Patient Interviews <input type="checkbox"/> Use of a respirator/dust-mask (if checked state type) specify type:_____ <input type="checkbox"/> Animal care/handling/entering animal rooms <input type="checkbox"/> Audio (hearing surveillance program)	<input type="checkbox"/> Driving a UNM vehicle Specify type:_____ <input type="checkbox"/> DOT physical/CDL <input type="checkbox"/> Work in research laboratory (if yes, check below) <input type="checkbox"/> BSL 2 <input type="checkbox"/> BSL 3 – Must bring BSL3 form from PI to clinic Principal Investigator:_____ Known Exposures:_____ <input type="checkbox"/> OTHER _____
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Name of Supervisor Completing This Request Form _____
 If not Supervisor, Name, Telephone Number and Email of Person Completing This Request From
 (must know job requirement and/or agents employee is working with)

 Human Resources Contact and phone number

EOHS USE ONLY

FORMS NEEDED:

- | | |
|----------|-----------|
| 1. _____ | 7. A B C |
| 2. A B | 8. A B C |
| 3. _____ | 9. _____ |
| 4. _____ | 10. A B C |
| 5. _____ | 11. A B |
| 6. A B C | 12. _____ |

EOHS USE ONLY

DOB: _____
 Preplacement Received: _____
 Date Employee Called to Schedule: _____
 Appt. Dates offered to employee: _____

 Contact Telephone: _____
 Date Employee Scheduled: _____
 Rescheduled By Employee: _____
 EOHS Chart
 Asked To Bring in Immunizations