



TEXAS TECH UNIVERSITY

Environmental Health & Safety

Support Personnel Occupational Health Program Enrollment Form

This document helps identify measures that might be required to protect you from workplace hazards. To do this, the EHS needs information about your job and what you do at work. Medical providers will determine what actions are required based on the information you provide here and personal medical information you provide *directly* to the physician or nurse. Our goal is to ensure that you are enrolled in the programs to protect you from workplace hazards and that these programs are effective. Enrollment in the Occupational Health Program is based on your job description and the work you do at TTU. This program is completely free to you as a Texas Tech Employee. EHS does not make medical assessments or recommendations, nor do we collect personal medical information.

If your exposures or health status change at any time, you may need to update your enrollment form or have a follow-up consultation with the Occupational Medicine Provider.

For questions or assistance, contact the EHS Occupational Health Program at 806.742.3876 or ehs.ohp@ttu.edu

Section 1.0: Personnel Information					
Full Name (Last, First, MI):			R#: R	Today's Date:	
DOB:	Gender:	Male Female	Other Not Disclosed	Phone Number (xxx-xxx-xxxx):	Email:
Job Description:		Division / Department:		Campus/Office Location (Bldg. and Room#):	
Supervisor Name:			Supervisor Phone:		Supervisor Email:
Other Job Tasks (Select all that apply.)					
<input type="checkbox"/>	Drive commercial vehicle w/ GCWR > 26,000 lbs or carries 16+ people	<input type="checkbox"/>	Perform emergency response per 29 CFR 1910.120	<input type="checkbox"/>	Designated First Aid Provider
<input type="checkbox"/>	Conduct welding operations	<input type="checkbox"/>		<input type="checkbox"/>	
Incident Status					
I am enrolling in the OHP after an incident or a potential exposure.			Yes	No	

Employee Signature and Date

Supervisor Signature and Date

Section 2.0: Medical History Considerations

Your personal health information is not shared with Texas Tech and is only maintained by the occupational medicine provider.

Your medical history and current health has an impact on the methods TTU may use to protect you from workplace hazards. The list below includes some personal medical factors that can influence your health risks at work. If you believe that any of the items on the list below apply to you, please check the box at the bottom that you would like to discuss your health with a medical provider. Again, this consultation is free. **Do not need to indicate which items may apply on this form.**

If any of the following statements describe you, we encourage you take advantage of the free occupational medical consultation with the occupational health provider.

- I have had a positive PPD TB skin test.
- I am an organ recipient or have been diagnosed with a condition that weakens my immune system (HIV, Leukemia, etc.).
- I am currently taking medication that weakens my immune system (chemotherapy, autoimmune therapy, etc.) or can make me drowsy.
- I have been diagnosed with a heart condition, diabetes, epilepsy, neurological disorder, or other chronic health condition.
- I am pregnant or may become pregnant.
- I have a variant of Hepatitis or other chronic health condition.
- I have previously changed jobs or work habits due to health issues from an occupational exposure.
- I have not received one of the following vaccines: Hepatitis A, Hepatitis B, Chickenpox, MMR, DPT/ Tdap
- I have a physical condition that may affect me at the workplace such as a sleeping disorder or hearing / vision impairment.
- I have additional workplace health concerns or specific concerns regarding exposures/risks to discuss with an Occupational Medicine Provider (animal work, pregnancy, or current medical treatment).

I have considered my personal health situation and would like to further discuss my health information with the Occupational Medical Provider

Yes

No

Employee First and Last Name (Printed)

Employee Signature

Date

Section 3.0: Acknowledgement

I have reviewed the information concerning the TTU Occupational Health Program in this document and as posted on the websites:

- https://www.depts.ttu.edu/ehs/occupational_safety/OHP/index.php
- <http://www.depts.ttu.edu/iacuc/Occupational.php>

I understand that health risks are associated with not accepting the health assessment and occupational health surveillance program.

I have answered this form truthfully and to the best of my recollection.

Employee Signature

Date

You have now completed the OHP Enrollment Form.

If your work exposures or health status changes or you change your position on medical surveillance, send and email to ehs.ohp@ttu.edu.