

Section I: Enter Employee Information		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name (Optional)</i>
<i>MIT ID Number</i>	<i>Building/Room Number</i>	<i>Work Phone</i>

Section II: Select All Requested Tests/Procedures	
Type of Visit	What to Expect as an Employee
<input type="checkbox"/> Allergic symptoms	<i>RAST (blood test), respirator exam, Allergy referral</i>
<input type="checkbox"/> Blood borne pathogens (Hepatitis B)	<i>Blood test</i>
<input type="checkbox"/> Chemical exposure – medical surveillance (e.g. lead)	<i>Blood/urine test</i>
Specify if known:	
<input type="checkbox"/> DOT Exams (full physical – hoisting, forklift, driving, Bobcat)	<i>Physical exam, vision exam, vitals, urine test, blood test (if needed)</i>
<input type="checkbox"/> Eye exams – Ophthalmology only	
<input type="checkbox"/> Complete	
<input type="checkbox"/> Laser	
<input type="checkbox"/> New employee screening	<i>Targeted assessment – blood test, vision exam, immunizations (if needed), allergy assessment</i>
<input type="checkbox"/> Periodic surveillance	<i>Blood/urine test</i>
Specify if known:	
<input type="checkbox"/> Respirator fit – including baseline PFT if necessary	<i>Questionnaire and pulmonary function test (PFT)</i>
<input type="checkbox"/> Travel vaccines	<i>Injections</i>
Itinerary:	
<input type="checkbox"/> Virus protocol review	<i>Blood/urine test</i>
Specify if known:	

Section III: Enter Department, Laboratory or Center (DLC) Information	
<i>DLC Name &amp; Cost Center</i>	
<i>Supervisor Name (Print)</i>	<i>Supervisor Title</i>

I am authorized by my Department, Laboratory or Center (DLC) to request occupational medicine tests/procedures for employees and/or prospective employees of the DLC. I affirm that the requested tests/procedures are related to the work of the employee and/or prospective employee.

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*Supervisor Signature* *Date*

For MIT Medical Use Only	
<i>Date Received</i>	<i>Encounter Number</i>