

MERCER UNIVERSITY - HEALTH & SAFETY OFFICE

NEW EMPLOYEE SURVEY - OCCUPATIONAL HEALTH PROGRAM

Name: (please print) _____

Job Title: _____

Department: _____

Name of Supervisor: _____

1. Will you be working in a university science laboratory?
Yes ___ No ___ IF Yes, is the work: Academic ___ or Research ___ or both ___ ?
2. Will you be working in a health clinic with patients?
Yes ___ No ___
3. Concerning your job duties as explained by your department chair or supervisor, will you have to work with or be exposed to potentially infectious materials from human subjects, microorganisms, or recombinant DNA?
Yes ___ No ___
4. Has a previous employer ever recommended or offered the hepatitis B vaccination series to you based upon your workplace risk for occupational exposure to bloodborne pathogens?
Yes ___ No ___
If yes, did you initiate, complete, or refuse the hepatitis B vaccination series?
No ___ initiated ___ completed ___ refused ___ date ___/___/___
If no, have you ever completed the hepatitis B vaccination series?
No ___ initiated ___ completed ___ date ___/___/___
5. Have you attended a Bloodborne Pathogens Training Program within the last year?
Yes ___ No ___

Please sign and return this form to the Health and Safety Office representative.

Signature

Date

Office Phone # (if known)