

**NMSU Environmental Health Safety & Risk Management  
(EHS&RM)  
Preventing Occupational Exposures – Immunization Report**

The goal of these services is to promote a safe and healthy workplace, by limiting opportunities for exposure, promptly detecting exposures, and offering prompt and appropriate treatment for exposures. **Individuals who may be exposed to human pathogens as the result of performing their job duties include plumbers, custodians, laboratory researchers and teaching assistants, athletic trainers, emergency care providers, and others as determined by the job hazard analysis.** Medical services should be designed by the healthcare provider in consultation with representatives from Environmental Health and Safety, the supervisor, the research biosafety program, and/or Human Resources.

**INSTRUCTIONS:** This is two part form. Part 1 is worker's contact information and a description of the work hazard. Part 2 is authorization to use department funds. Both, parts **must** be signed by the supervisor before making an appointment for Aggie Health & Wellness

**Part 1**

1. Complete the contact information in the boxed area below. Provide a description of the workplace hazard(s), i.e., specific biological agent, or the procedure associated with a potential for exposure. Attach a separate page if more space is needed.
2. The supervisor must sign this form to confirm the hazard assessment is accurate for this individual.
3. Deliver this form to Aggie Health & Wellness with a copy of your immunization record. Relevant, commercially available immunizations may be indicated, based upon an understanding of the potential workplace health hazards and the individual's history of prior immunizations.

**AGGIE HEALTH & WELLNESS NOTIFICATION**

Name:		Date:	
Job Title or Classification: <input type="checkbox"/> Plumbers – Tetanus, Hepatitis A/B <input type="checkbox"/> Bloodborne Pathogens Exposure – Hepatitis B <input type="checkbox"/> Other – as recommended by Medical Professional based on job hazard		Brief description of hazard associated with this work: <input type="checkbox"/> Contact with blood, body fluids, tissues or cells from human source <input type="checkbox"/> Other:	
Department:	Campus Mail MSC:	Supervisor:	Supervisor's Phone or Email:
Employee's Email:	Employee's Phone #:	Supervisor's Signature:	

**THIS PORTION OF FORM IS TO BE COMPLETED BY A MEDICAL PROFESSIONAL**

This certifies that an Occupational Health review has been completed, and the individual

- has received the recommended services/procedures
- has declined these services/procedures \_\_\_\_\_
- does not require services/procedures at this time but will need services/procedures in \_\_\_\_\_ (year)

Signature \_\_\_\_\_  
Aggie Health & Wellness Medical Professional

Date \_\_\_\_\_

**RECORD RETENTION:**

- 1) **Medical records for this individual are maintained on file at NMSU Aggie Health & Wellness.**
- 2) **EHS&RM will provide acknowledgement of the completion of this immunization process through Training Central and it will be documented in the Employee Training Record.**

Aggie Health & Wellness: Please send this form to EH&RM at MSC-3578 or fax to (575) 646-7898 or email scan to ehs@nmsu.edu

**AUTHORIZATION TO USE DEPARTMENT FUNDS**

The completed form will be used as the basis and documentation for an Interdepartmental Voucher (IDV) charging the requesting department for the services rendered.

PATIENT NAME: \_\_\_\_\_

Date: \_\_\_\_\_

Services(s) Requested:

- Plumbers – Tetanus, Hepatitis A/B
- Custodial, Researcher w/BBP or wastewater exposure
- Other – as recommended by Medical Professional based on job hazard

Service Department: Aggie Health & Wellness

Requesting Department: \_\_\_\_\_ MSC \_\_\_\_\_

Phone Number: \_\_\_\_\_

Use of department funds is

Approved by: \_\_\_\_\_ (Director/Department Head)

Index Number: \_\_\_\_\_ Fund Number: \_\_\_\_\_

\_\_\_\_\_ Front Office Staff

Print and Sign