

**UCSF Occupational Health Services
Request for Service Form**

Appointments: This form should be completed by the supervisor or Human Resources representative for any employee being referred to the UCSF Occupational Health Service. **Fax** this form to 415-514-5614 then then OHS will call to confirm the appointment. Please allow 1 week for appointment scheduling. The supervisor or HR representative will be notified of clearance for work.

First Name	Last Name	Job Title***
New Employee: Yes <input type="checkbox"/> No <input type="checkbox"/>	Anticipated Start Date	Existing Employee with New Assignment: Yes <input type="checkbox"/> No <input type="checkbox"/>
*Date of Birth	*Social Security #:	*Gender: M <input type="checkbox"/> F <input type="checkbox"/>
		*Marital Status:
*Primary Language: Does employee need an interpreter? Yes No <input type="checkbox"/> <input type="checkbox"/>	Home Address (Street, City, Zip)	Location: Parnassus <input type="checkbox"/> Mount Zion <input type="checkbox"/> LHTS <input type="checkbox"/> MCB <input type="checkbox"/> MBay <input type="checkbox"/> SFGH <input type="checkbox"/> SF VA <input type="checkbox"/> Fresno <input type="checkbox"/> China Basin <input type="checkbox"/> Gladstone <input type="checkbox"/> Gallo <input type="checkbox"/> HHMI <input type="checkbox"/> Community-based program (name)
Employee Work Phone	Employee's Home or Cell Phone	Employee's Email
Campus Box	Department	Organizational Group: SOM <input type="checkbox"/> SON <input type="checkbox"/> SOP <input type="checkbox"/> SOD <input type="checkbox"/> Fin & Admin Svcs <input type="checkbox"/> Exec Vice Chan Research <input type="checkbox"/> Advancement & Planning <input type="checkbox"/> Medical Center <input type="checkbox"/> Other(name)
Supervisor Representative	Phone	Email
HR Representative	Phone	Email
Job Contact: Direct patient care, work in a patient care setting, or other contact with high-risk population: Yes <input type="checkbox"/> No <input type="checkbox"/>	Job Contact: Human blood, body fluid, tissue, cell lines (patient or research related) Yes <input type="checkbox"/> No <input type="checkbox"/>	Animal Exposure: * * Bird <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Fish/Frog <input type="checkbox"/> Gerbil/Hamster <input type="checkbox"/> Guinea Pig <input type="checkbox"/> Non-Human Primates <input type="checkbox"/> Pig/Swine <input type="checkbox"/> Rabbit <input type="checkbox"/> Rodent <input type="checkbox"/> Sheep <input type="checkbox"/> Other Animal (name)
Animal Exposure: If you have exposure to animals, have you completed the Medical Health Screening Questionnaire? Yes <input type="checkbox"/> No <input type="checkbox"/>	Exposure Risk: What are the exposure risks associated with your protocol? (name) _____	Other Specific Directions:
For OHS Use Only: Date Received _____ Appointment Date: _____		

*Required data for Registration

**Anyone with exposure to animals is also required to complete the Medical Health Screening Questionnaire

<https://medicalhealthscreeningforanimalallergy.ucsfmedicalcenter.org:4430/Account/Login.aspx>

PLEASE BRING A COPY OF THIS FORM AT TIME OF VISIT

PLEASE BRING UCSF IDENTIFICATION AT THE TIME OF VISIT

UCSF Occupational Health Services Request for Service Form

DETAILED DIRECTIONS

1. In order to receive services from the UCSF Occupational Health Services, please follow the directions below regarding appointment setting and please bring this Request for Service form at the time of any visit.
2. Please show your UCSF ID badge at the time of any OHS appointment. Under certain circumstances, a Driver's License and letter from your program may substitute for your UCSF ID badge. Services will not be provided without appropriate identification.
3. OHS services are provided to comply with external regulatory requirements and specific workplace risks. The Request for Service form is intended to assist OHS staff to determine what services should be provided.
4. OHS provides services related to occupational health requirements for UCSF employees, faculty, post-doctoral students, house-staff, and volunteers regardless of their campus location. OHS also provides services to staff of UCSF affiliates Gladstone, Gallo, Howard Hughes Medical Institute, and Northern California Institute for Research and Education (NCIRE). *** Non-ACGME/Non-ABMS Fellows with concurrent Clinical Instructor without Salary appointments do not need to visit Occupational Health prior to obtaining medical staff privileges. The GME Health Statement should be submitted to the Medical Staff Office with required privileging forms.

See Service Matrix recommendations and requirements at:

http://www.occupationalhealthprogram.ucsf.edu/Forms/Service_Matrix.xls

NEW HIRES

1. The Request for Service form should be completed by the supervisor or Human Resources representative for any newly hired person being referred to the UCSF Occupational Health Service.
2. **Fax** this form to 415-514-5614 then call OHS at 415-885-7580 to confirm the appointment. Please allow 1 week for appointment scheduling.
3. The supervisor or HR representative will be notified of clearance for work.
4. Information in fields marked with * is required for registration in the UCSF Medical Center Ambulatory Care Clinics registration system.
5. Anyone with contact with research animals (***) must complete the Animal Exposure Surveillance Questionnaire <https://rio.ucsf.edu> prior to their first appointment in OHS. A hard-copy of this form is available from OHS upon request if there are any problems with accessing the on-line tool.