



HSEO Medical Surveillance Program Exit Form

Staff/Student Name: _____ Staff/Student ID No: _____
(Surname, Other Names)

Department: _____ Post: _____ P I Name: _____

PART I. STAFF/STUDENT DECLARATION (To be completed by staff/student)

Indicate group of worker/user enrolled:

- Laser Worker
- Respirator User/SCBA
- Radiation Worker
- Animal Handler/Biohazard Worker
- Others _____

please specific

PART II. DEPARTMENTAL CONFIRMATION (To be completed by Department)

The staff/student will not continue to work as the above checked group of worker/user due to the following reason(s):

Supervisor Signature

Date

PART III: HSEO SAFETY CLEARANCE (To be completed by HSEO)

Did the staff/student complete the exit requirement for

- | | | |
|--|---|---------------|
| <input type="checkbox"/> Respirator User/SCBA | <input type="checkbox"/> Radiation Worker | Yes/No _____ |
| <input type="checkbox"/> Animal Handler/Biohazard Worker | <input type="checkbox"/> Laser Worker | Admin Section |
| <input type="checkbox"/> Medical Services Waiver Declaration | | |