

Asbestos Previous Exposure Form

This form is to be used by employees who wish to document previous Asbestos Level II exposure at the University of Maryland. Employees who intentionally removed, encapsulated, cut, drilled, sanded, broken or otherwise disturbed regulated asbestos-containing materials (i.e., Asbestos Level II activities) are eligible for enrollment into the *Asbestos Medical Surveillance Program for Previous Exposure*. Environmental Safety, Sustainability and Risk may be consulted to verify employee eligibility. Participating employees must complete this form and schedule annual appointments with the University Health Center's Occupational Health Unit (301.314.8199). Examinations are funded by the University department where the employee worked when the asbestos exposure occurred.

This Program is not intended for employees who experience episodic, incidental and/or accidental asbestos exposure during the course of work activities. In these instances employees: (1) must immediately report the event to Environmental Safety for investigation, (2) may complete the University's *First Report of Injury* as documentation of the exposure, and (3) may be medically evaluated.

All fields must be completed. The form must be signed by the employee and the employee's supervisor, and provided to the Occupational Health Unit at the University Health Center to initiate Program enrollment.

Employee's Name

Employee's ID Number

Home Address

Work Address

Phone Number (home)

Phone Number (work)

Describe type of asbestos work conducted (include type of work, asbestos materials, frequency of exposure, etc.)

Year (approx) when asbestos exposure first occurred

Were you a designated Level II Asbestos Worker?

Employee's Signature

Date

Supervisor's Review and Budget Information

Supervisor's Signature

KFS Number

Date