RUTGERS
New Jersey Medical School
Occupational Medicine Service

Request for Services for Postdoctoral Appointees

Name of Postdoctoral Appointee_____

School ☐ GSBS ☐ NJMS ☐ SDM ☐ SHP ☐ SN ☐ SPH ☐ Other _____

Department _____

Cornerstone/PeopleSoft Codes: Employee Number_____

Full Combo |___|___|___|___|___|___|___|___|___|___|___|

Location |___|___|___|___| Fund Type |___|___|___| Business Line |___|___|___|___|

Natural Account |___|___|___|___|___| Project |___|___|___|___|___|___| Task |___|___|___|

Authorized Signature: _____ Date: _____
(Dept Head/Principal Investigator)

Print Name: _____ Title: _____

Tel No: _____ Fax: _____ Email: _____

Please Select Requested Services:

Preplacement Medical Evaluations*:

* Based on risk factors and potential exposures

☐ Preplacement evaluation – History and animal contact evaluation (if applicable).
- √ **NO** potential exposure to bloodborne pathogens AND
- √ **NO** patient contact AND
- √ **NO** tuberculosis exposure

☐ Preplacement evaluation – History, physical, tuberculosis, and hepatitis B evaluation. Measles, mumps, rubella, varicella, and animal contact evaluation (if applicable).
- √ Potential exposure to **bloodborne and/or airborne pathogens** (includes tuberculosis, hepatitis B, measles, mumps rubella, varicella) AND/OR
- √ **Potential patient contact**

Other Available Services:

☐ Post-needlestick or potential bloodborne pathogens exposure exam

☐ Tuberculosis surveillance evaluation (including chest radiograph if indicated)

☐ Hepatitis B vaccination (1 booster dose) and follow-up hepatitis B surface antibody

☐ Hepatitis B vaccine series (3 doses) and follow-up hepatitis B surface antibody

☐ Influenza vaccination

☐ MMR vaccination

☐ Varicella vaccination

☐ Tetanus-diphtheria pertussis (Tdap)

☐ Serologic titer (specify)_____

☐ Other_____

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To be completed by NJMS Occupational Medicine Service:

☐ Services Completed Charge: $_____ _____
OMS Provider

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