

*The School of Natural Sciences and Mathematics  
Health Notification and Assessment Request Form*

**Requester Section:**

Participation is voluntary and intended to provide you, the Requester, (student, faculty, or staff member) with information about potential health issues including but not limited to those affecting reproduction and development or sensitivities to allergens or chemicals associated with your laboratory learning or work environment.

Name: \_\_\_\_\_  
(Print)

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

Course Name or Job Assignment: \_\_\_\_\_

Name of Faculty or Supervisor: \_\_\_\_\_

I request a workplace or laboratory activity assessment as described in the Chemical Hygiene Plan and authorize the Director of NAMS and an assessment team to contact my faculty person or work supervisor to identify potential hazards, gather Material Safety Data Sheets (MSDS) and identify control measures that I can present to my personal physician so that I can make an informed decision about postponing or continuing work or learning activities.

Name: \_\_\_\_\_  
(Print and Sign)

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

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**Assessment Team:**

Agents used or potentially used; use additional pages if needed.

List materials that are anticipated for use	Frequency and Duration of use (once/day for two hours, etc.)	Physical State (solid, liquid, gas)	Quantity Used per use, in unit of time (e.g., 10 ml per week)	Protective Equipment (Bench vs. Fume Hood, Gloves, Goggles, etc.)
<b><u>Chemical Agents:</u></b>				
<b><u>Biologic Agents:</u></b>				
<b><u>Radiation, or Noise:</u></b>				
<b><u>Magnetic</u></b>				
<b><u>Vibration</u></b>				
<b><u>Other: Instrumentation or Equipment</u></b>				

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**Physical Demands of Class or Work:**

<b>Action</b>	<b>Yes/No</b>	<b>Duration &amp; Frequency</b>	<b>Description</b>
Lifting			
Bending/Twisting			
Sitting			
Standing			
Other			