



**UCSD Environment Health and Safety  
Occupational Health Program  
Biosafety Level 3/2+ Medical Surveillance**

**PART 1 - RISK ASSESSMENT**

**Purpose:** This form is to be completed by the Principal Investigators (P.I.) or supervisor along with the employee/participant for the purpose of conducting occupational health risk assessment for the participant's assignment. This form is used in conjunction with the Medical History to make an accurate assessment the participant's ability to safely work in the Biosafety Level 3 and 2+ (BSL3/2+) laboratories. The OHP will evaluate the information on this form and recommend appropriate protective measures or work restrictions. The BSL3/2+ Medical Questionnaire is to be completed prior to starting work in a BSL3/2+ lab and periodically to assess ongoing risks and fitness for duty. Additional evaluation may be required at the UCSD Center for Occupational and Environmental Medicine depending upon your questionnaire responses.

**Instructions:** The P.I. or supervisor must complete this form for each individual under their supervision who will be assigned to work in a BSL3/2+ facility.

**SECTION A: Employee or affiliate (participant) information.**

Participant Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Orientation to Animal Research \_\_\_\_\_

Participant Status (check all that apply):

- Faculty     Non-Senate Academic Staff     Graduate Student     Volunteer  
 Staff     Undergraduate Student     Visiting Scientist     Other: \_\_\_\_\_

**SECTION B: Principal Investigator/Supervisor information.**

P.I./Supervisor Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Department: \_\_\_\_\_ Dept Index#: \_\_\_\_\_

Note: Principal Investigators are responsible for the cost of job-related medical surveillance, screening, and preventive immunizations. It is not covered under University-provided funding, medical insurance or Workers' Compensation. Medical review cannot be completed without the index number being provided.

Supervisor Status (check all that apply):

- Faculty     Non-Senate Academic Staff     Staff     Other: \_\_\_\_\_

**SECTION C: Must be completed by P.I. / supervisor of employee or affiliate.**

1. BSL3/2+ facility/location where participant will be working (bldg, room/lab#): \_\_\_\_\_  
Yes    No
2. Does the participants work require contact or use with:
  - Human blood, tissues, cells, or cell lines?       
 Please list specific types: \_\_\_\_\_
  - Non-fixed lung or lymph node tissue from non-human primates?       
 Please list specific types: \_\_\_\_\_
  - Hazardous chemicals, including anesthetics?       
 Please list specific types: \_\_\_\_\_
  - Will you be working with or be in close proximity to research animals?       
 If yes, enrollment in the Occupational Health Program for Researchers with Animal Contact is required, if you have not already enrolled within the past year. [BLINK webpage: <http://blink.ucsd.edu/safety/research-lab/vivarium/occupational.html>]

**PART 1 – RISK ASSESSMENT - continued**

3. Total numbers of hours in an average week that you will be working in a BSL3/2+ lab:  
 Less than 3 hours/week  
 3-10 hrs/week  
 11-24 hrs/week  
 25 hrs or more/week  
 Occasional/Irregular/Non-scheduled (i.e., maintenance, inspections)
  
4. List all agents (biological, infectious, toxins) that you will be handling/working with:  
 Note: if no handling or work with agents in the lab, check  not applicable.
  
5. List all agents (biological, infectious, toxins) that may be present in your BSL3/2+ lab area (even if the participant will not be directly handling):
  
6. List any highly virulent or drug resistant strains of BSL3/2+ agents you will be using:

**BSL3/2+ Agent Contact:** Identify the level of exposure for each BSL3/2+ Agent for the participant named above and check the appropriate column. *Select all levels applicable for this participant.*

- Level 0** - Will not enter BSL 3/2+ area where this agent is used  
**Level 1** - No direct contact with BSL 3/2+ agent, but enters area where BSL3/2+ agent is used.  
**Level 2** - Handles BSL 3/2+ agent without use of sharps  
**Level 3** - Handles/Administers BSL 3/2+ agent in animals  
**Level 4** - Handles BSL 3/2+ agent with use of sharps

	LEVEL OF EXPOSURE						LEVEL OF EXPOSURE					
	BSL 3/2+ Agent	0	1	2	3		4	BSL 3/2+ Agent	0	1	2	3
Mycobacterium tuberculosis	[ ]	[ ]	[ ]	[ ]	[ ]		Adenovirus	[ ]	[ ]	[ ]	[ ]	[ ]
Mycobacterium bovis	[ ]	[ ]	[ ]	[ ]	[ ]		Herpes B Virus	[ ]	[ ]	[ ]	[ ]	[ ]
Brucella canis, melitensis, suis	[ ]	[ ]	[ ]	[ ]	[ ]		HIV/SIV	[ ]	[ ]	[ ]	[ ]	[ ]
Burkholderia mallei	[ ]	[ ]	[ ]	[ ]	[ ]		LCMV	[ ]	[ ]	[ ]	[ ]	[ ]
Coxiella burnetti	[ ]	[ ]	[ ]	[ ]	[ ]		Vaccinia/Poxvirus	[ ]	[ ]	[ ]	[ ]	[ ]
Francisella Tularensis	[ ]	[ ]	[ ]	[ ]	[ ]		Prions	[ ]	[ ]	[ ]	[ ]	[ ]
Pseudomonas pseudomallei	[ ]	[ ]	[ ]	[ ]	[ ]	Other: _____		[ ]	[ ]	[ ]	[ ]	[ ]

**SECTION D: Supervisor certification**

By signature, I certify that the information provided is accurate to the best of my knowledge.

		AM/PM
P.I./SUPERVISOR SIGNATURE	DATE	TIME

By signature, I acknowledge and agree with all of the above.

		AM/PM
PARTICIPANTS SIGNATURE	DATE	TIME