## **UVAHealth Pre-Hire Checklist**

## **Required Screening for UVA Occupational Health**

Name	DOB	
In your role, will ANY of the following	ng apply?	
	Yes	No
Patient facing/PT CONTACT		<del></del>
Animal Handling		
Drive UVA Vehicles		
Heavy Machinery operation		
Exposure to Blood/body fluids		
Exposure to medications or chemicals		
Report to any HS building		
Enter Negative Pressure Pt Rooms		
Driving, Heavy Machinery Operation, Policy OCH-002, Vaccinations, Hep I Drug Screening		ng, Pt Contact:
Clinical Provider:		
Policy OCH-002, Vaccinations, Hep I	3	
Drug Screening		
Respiratory Fit Testing, Eye protectio	n	
Animal Handlers:		
Policy OCH-002, Vaccinations, Hep I	3	
Respiratory Fit Testing if BSL-3; Eye	e protection p	provided by lab area
Exposure to chemicals:		
Policy OCH-002Vaccinations, Hep B		
Respiratory Fit Testing; Eye Protection	n	OWMed//Operations 8/16/2