

SUBJECT: Medical Surveillance and Other Occupational Health Services SOP

1. **PURPOSE:** to provide occupational health services including medical surveillance that address workplace hazards for research service employees. Employees include students and trainees on the VA payroll, contract staff (only if they have a VA employee supervisor), and WOCs (without compensation) employees who are physically on site at the Minneapolis Veterans Health Care System, and volunteers. Trainees who are not on the VA payroll may be seen by for emergency triage and initial management of potential bloodborne pathogen exposures.

2. **DEFINITIONS:**

ACOS/R	Associate Chief of Staff for Research
AED	Automated External Defibrillator
AO/R	Administrative Officer for Research
ECOMP	Employees' Compensation Operations & Management Portal
HRM	Human Resources Management
IACUC	Institutional Animal Care and Use Committee
IRB	Institutional Review Board
ORO	Office of Research Oversight
OSHA	Occupational Safety and Health Administration
PI	Principal Investigator
RCO	Research Compliance Officer
RDC	Research and Development Committee
RSC	Research Safety Coordinator
SAE	Serious Adverse Event
SOP	Standard Operating Procedure
SRS	Subcommittee on Research Safety
WOC	Without Compensation Employee

3. **POLICY:** the services provided by Occupational Health include the following:

- a) Pre-employment evaluations and examinations (for employees, WOCs, volunteers, and trainees on the VA payroll)
- b) Diagnosis and treatment for work-related injuries. An injury is a condition of the body caused by a specific event or incident, or series of events or incidents, within a single workday or shift.
 - i) Although employees, WOCs and volunteers are not required to be evaluated by occupational health following an injury, they responsible for reporting the injury in the ECOMP system.
 - ii) If they choose to be seen by an occupational health provider (or the emergency room after hours) they can be seen twice for work-related injury without having to submit a Workers Compensation CA-1 form in ECOMP.
 - iii) If, after the second visit to occupational health or the Minneapolis VAMC Emergency Department, the injured person requires additional treatment they can select either the occupational health provider or any provider or practice in the community that participates in FECA Worker Compensation program.
 - iv) Except for bloodborne pathogen exposures, occupational health may only provide emergency humanitarian assistance to injured trainees and contractors.

- c) Initial evaluation and assessment of possible occupational diseases or illnesses for employees, WOCs and volunteers.
 - i) An occupational disease or illness is produced by systemic bodily infections, repeated stress or strain to the body, any exposure to toxins, poisons, fumes or repeated exposures to conditions of the work environment over a longer period of time, beyond a single day or work shift.
 - ii) Employees who report experiencing an occupational disease or illness may be evaluated once by the EOH provider; however, they will be encouraged to follow up with a personal primary care provider until the claim is resolved by the Department of Labor.
 - iii) Employees who file occupational disease or illness claims must use their personal health insurance or pay for medical expenses out of pocket until their claim is accepted by the Department of Labor.
- d) Basic first aid for non-occupational illness (excluding COVID-19) for employees, WOCs and volunteers.
 - i) An occupational health provider or nurse may provide basic support measures designed to relieve discomfort.
 - ii) Guidance may be given to seek care at an emergency department, urgent care or from a primary care provider.
 - iii) Persons requiring emergency care may be brought to the VHA Emergency Department for humanitarian care if not stable to seek emergency care in the community.
- e) Guidance to supervisors to determine a person requires care in an emergency department for a work related or non-work-related injury or illness.
- f) Additionally, Occupational Health shall provide all employees who work with hazardous materials (including biological, chemical, and physical agents) the opportunity to receive medical consultation and examination when:
 - i) The employee develops signs or symptoms associated with a hazardous material to which they may have been exposed;
 - ii) Monitoring, routine or otherwise, suggests that there could have been an exposure above the OSHA Permissible Exposure Level (PEL) or Action Level for the chemical;
 - iii) There was a spill, leak, or other uncontrolled release of a hazardous chemical which may have resulted in an increased or unacceptable occupational exposure to the chemical;
 - iv) Required by regulation(s).

4. RESPONSIBILITIES:

- a) *Occupational Health Physician*: has clinical oversight for the Occupational Health Program. The Occupational Health Physician is responsible for making final determinations regarding medical clearances.
- b) *Occupational Health Practitioner (OHP)*: the OHP assigned to the Occupational Health Program is responsible for providing medical services to research employees and volunteers, as outlined below, including Pre-employment exams for employee applicants and WOCs meeting criteria below for animal-handler medical surveillance and for any other applicants specified by HR as requiring a pre-employment exam.
- c) *Occupational Health Nurse*: Conducts pre-employment evaluations for employees, WOCs and volunteers who do not require pre-employment medical examinations. Evaluates and manages bloodborne pathogen exposures and collaborates with OHP if post-exposure prophylaxis is required. Provides basic first aid for employees with minor injuries or illnesses.

- d) *Emergency Department Staff*: responsible for providing Occupational Health services after normal business hours or during periods when the Occupational Health staff is unavailable.
- e) *Infection Control*: collaborates with Occupational Health in evaluation of procedures, instruction in handling, and exposure prevention of employees to bloodborne pathogens.
- f) *Industrial Hygiene Officer (IHO)*: performs air monitoring to determine employees' exposure to hazardous chemicals either upon request or by review of procedures/chemical inventories.
- g) *Research Employees*: All research employees are responsible for the following:
 - i) Employees sustaining a bloodborne pathogen exposure, including needlesticks, splashes to mucous membranes, and body fluid contact with non-intact skin, and monkey bites/scratches, are to report to Occupational Health (or the Emergency Department if it's after hours) within one hour of the incident.
 - ii) Employees sustaining job-related injuries or illness are to report injuries to their supervisor as soon as possible following the injury or as soon as they become aware that an illness may have been caused by exposures or repetitive stresses sustained while on the job.
 - iii) All Employees, WOCs, trainees on site, and volunteers must report COVID-19 symptoms or COVID-19 exposures at work or outside of work to the MVAHCS COVID Hotline (612-467-5042).

5. **PROCEDURES FOR WORKPLACE EXPOSURES:**

- a) Documentation
 - i) **The employee**, who visits the occupational health physician or the OHP for exposure to hazardous materials, shall provide the following:
 - ii) The identity of the hazardous chemical or chemicals to which the employee may have been exposed;
 - iii) In consultation with Industrial Hygiene/Safety, the exposure conditions, e.g., action level, short-term exposure limit, excursion limit and/or OSHA Permissible Exposure Limit (PEL), and use of Personal Protective Equipment (PPE), fume hoods or other methods to control exposures;
 - iv) Any signs or symptoms of exposure the employee is experiencing;
 - v) The Safety Data Sheet (SDS), if applicable. **Note: Facility SDS's are available on the [Chemical Inventory Service \(HEFP\)](#). In emergencies, SDS' are also available by phone/FAX (1-800-451-8346)**
- b) **The physician** shall provide a written opinion for work-related exposures. This opinion is maintained in the employee's confidential health record and shall include the following:
 - i) Recommendations for follow-up;
 - ii) Results of the consultation/examination/tests;
 - iii) Conclusions concerning any other medical condition noted that could put the employee at increased risk;
 - iv) Signed statement that the employee has been informed of the results of the consultation/examination and of any medical consequences that may require further examination or treatment;
 - v) The written statement(s) shall not reveal specific findings of diagnoses unrelated to the occupational exposure.
- c) Certain OSHA regulated standards have specific test procedures for exposure to certain substances. Examples include the expanded standards for formaldehyde, benzene, etc. These test procedures should be followed (3). *The employee may request this information be forwarded to the supervisor.* The medical report form shall be kept in the employee's medical file.

- d) Records of all training, medical, and exposure monitoring information shall be kept in accordance with the requirements of state and federal regulations and made available to the employee on request, in accordance with OSHA CFR 29: 1910.20 "Access to Employee Exposure and Medical Records" (3). All records shall be retained for 30 years, in addition, medical records shall be retained for the duration of employment plus 30 years.

6. **EXPOSURE MONITORING**

- a) The OSHA Laboratory Standard (3) sets exposure limits in a laboratory environment and requires employee monitoring only when there is reason to believe that exposures above the action levels or PELs for specific chemicals may occur. If such is the case, periodic monitoring and specific employee notification requirements take effect. Air monitoring is conducted by the facility IHO.
- b) **Routine monitoring** of the airborne concentrations of a variety of different toxic materials is generally not required if the following standards are met:
 - i) The ventilation system (including hoods) is working and is being used properly;
 - ii) The laboratory workers are using proper protective equipment and clothing;
 - iii) The laboratory workers are following good chemical hygiene and laboratory safety practices.
- c) **Annual monitoring** is required by the Safety department for individuals working in situations where they may be exposed to potentially high concentrations of hazardous gases or vapors, e.g., anesthetics.
 - i) Employees shall take special precautions to ensure that their exposure to hazardous gases or vapors does not exceed the OSHA PEL, the maximum amount or concentration of a chemical that a worker may be exposed to without appropriate personal protective equipment under OSHA regulations, or Threshold Limit Value (TLV), a level to which it is believed a worker can be exposed day after day for a working lifetime without adverse health effects.
 - ii) For individuals who may be briefly exposed to high concentrations of hazardous gases or vapors, a 15- minute monitoring period will be used during the period of highest potential exposure. Levels should not exceed the OSHA Short Term Exposure Limit (STEL). All other situations will require up to 8-hour monitoring periods.
 - iii) Employees whose exposures exceed either the OSHA PEL or STEL shall be immediately referred to Occupational Health.
 - iv) The incident shall be reported to the Safety Department so that measures can be taken to correct the situation by: (1) engineering controls (increasing ventilation) or (2) respiratory protection (use of a respirator).
- d) Special situations where monitoring may be required:
 - i) Nature of the substance and its use and previous experience with similar chemicals indicate exposure may exceed permissible limits.
 - ii) Manifested signs and symptoms of exposure (e.g., irritation, nausea, headache).
 - iii) After remodeling or other changes that may affect laboratory ventilation to ensure that exposure levels have not increased.
 - iv) A highly toxic substance is to be used in the laboratory, then the monitoring for that substance must be referred to the industrial hygienist.
- e) If chemical vapors or gases in an area appear excessive, contact the IHO (ext. 31-2647) to determine if monitoring is appropriate. OSHA maintains an updated table of exposure limits for hazardous fumes (8)

- i) **Action:** If monitoring reveals concentration at or above the action level or the PEL, Facility Safety shall immediately comply with the monitoring provisions of the relevant standard for that substance.
- ii) **Notification:** Facility Safety shall notify the employee and Occupational Health of the results of any monitoring. Medical surveillance is mandated when employee exposure levels exceed the OSHA PEL.

7. EMPLOYEE INCIDENTS, REPORTING, AND FOLLOW-UP INVESTIGATION

- a) Type of injury and response
 - i) Eye Injury
 - 1) In the event of a chemical splash to the eyes wash the eyes thoroughly with water. Lift eyelids to avoid pooling of chemicals under the eyelids and flush with water for at least 15 minutes.
 - 2) Seek medical attention immediately; go to Occupational Health (4M-123; ext. 31-2985) or the Emergency Department after hours.
 - 3) Report the accident to the immediate supervisor. Serious injuries should be reported employee (or designee) through the ECOM Portal ([ECOMP](#)). The incident must also be reported to the SRS.
 - ii) Cuts, Punctures, and Needlesticks
 - 1) If the injuries are non-infectious and not serious, clean the affected area immediately using soap and water, treat the affected area with antiseptic, then bandage to prevent infection.
 - 2) If the injuries are serious, and/or an infectious puncture or needle stick (e.g., those contaminated with patient blood, body fluids, or bacterial agents), proceed as described in (i) above, then go to Occupational Health or Emergency Department.
 - 3) Employees will be offered a Tetanus/diphtheria or combined Tetanus/ diphtheria/ pertussis (Tdap) vaccine as appropriate per current CDC recommendations following puncture or laceration injury.
 - 4) Report the accident to the immediate supervisor. Serious injuries (ex: cut requiring more than basic first aid) should be reported by the employee (or designee) through ECOMP. The incident must also be reported to the SRS.
 - iii) Chemical Burns
 - 1) Corrosive chemicals should be washed off immediately with copious amounts of water due to their ability to cause second, or third-degree burns.
 - 2) Contaminated clothing should be removed and treated as hazardous waste.
 - 3) After washing and removing contaminated clothing, go to Occupational Health (4M-123; ext. 31-2985) or Emergency Department, if necessary, for further treatment.
 - 4) Report the accident to the immediate supervisor. Serious injuries should be reported by the employee (or designee) through ECOMP. The incident must also be reported to the SRS.
 - iv) Other types of injuries and illnesses are addressed in the Research Service Policy “SRS-012 - Medical and Security Incidence Plan.”
- b) Recording incidents into ECOMP and follow-up investigation.
 - i) Accident Reporting: Research Service Policy “SRS-012 - Medical and Security Incidence Plan” addresses incident reporting.
 - ii) Incident investigation and follow-up: All incidents involving Research personnel that are entered into ECOMP should be reported to the SRS to be discussed at monthly SRS meetings. It is the

responsibility of the supervisor/PI to conduct the initial investigation. A representative of the SRS and/or facility Safety may conduct a more extensive investigation if deemed necessary.

- iii) All employee-reported incidents, where there is even a remote possibility of employee chemical exposure, shall be thoroughly investigated. Events or circumstances which might constitute overexposure include:
 - 1) A hazardous chemical leaked, spilled, or was accidentally released.
 - 2) An employee's skin or eye had direct contact with a hazardous chemical.
 - 3) An employee develops symptoms, such as headaches, rash, nausea, coughing, tearing, irritation/redness of eyes, irritation of nose/throat, dizziness, loss of motor dexterity, loss of judgment, etc. and some or all of the symptoms disappear when the person is taken away from the exposure area and breathes fresh air (1), and/or the symptoms reappear soon after the employee returns to work with the same chemicals (2).
 - 4) All complaints and their dispositions, no matter what the ultimate dispositions, shall be documented:
 - a. If no further assessment of the event is deemed necessary, the reason for that decision shall be included in the documentation;
 - b. If the decision is to investigate, Occupational Health shall initiate a formal exposure assessment.

8. EXPOSURE ASSESSMENTS.

- a) Exposure assessments may be necessary for some of the OSHA regulated chemicals if the exposures are suspected of exceeding regulated levels.
- b) Records of employee exposure monitoring shall be properly developed, maintained, transferred, and available in accordance with OSHA CFR 29:1910.20, "Access to Employee Exposure and Medical Records" (3).
- c) The employee shall be notified of the results of the exposure assessment within 15 working days.
- d) If an exposure assessment is conducted due to an employee-reported incident described above, the employee shall report to Occupational Health for a medical consultation or examination consisting of the following:
 - i) Interview;
 - ii) Essential information about the circumstances of the exposure;
 - iii) Focused physical examination appropriate for the type of exposure
 - iv) Completion of a Physician's Written Opinion that should be given to the employee and shared with the supervisor and Safety.
- e) 5. If an exposure assessment is conducted due to an employee-reported incident described above, the supervisor shall contact Occupational Safety to ensure:
 - i) Monitoring of area (air sampling) for suspect chemical(s) (3, 8) using standard industrial hygiene techniques with statistical reliability;
 - ii) Survey of present control measures and safety procedures to determine their adequacy.

9. OTHER OCCUPATIONAL HEALTH SERVICES

- a) Pre-placement evaluations and examinations for salaried VA employees are scheduled by Human Resources. WOCs and others are scheduled by the employee during the onboarding process coordinated by the Research Office. For WOCs the pre-employment should be scheduled at least 5

days before the desired start date to ensure tuberculosis screening can be completed. Completion of one or more of the following forms is used to facilitate the evaluation.

- i) Occupational Health Clearance form (Attachment A)
 - ii) If position includes direct care of animals or their living quarters, direct contact with animals (living or deceased) their viable tissues, or their body fluids or wastes, and those who change air filters in animal laboratory areas must complete the Animal Exposure Baseline History questionnaire. This will be followed up with the Periodic Animal Exposure Questionnaire annually. Pre-employment visits for these employees and WOCs and any other employees specified by HR as requiring an exam will be performed by an OHP, while all other pre-employment will be evaluations conducted by nursing staff.
 - iii) Copies of immunization and Tuberculosis Testing medical records.
 - iv) Tuberculosis (TB) Screening and Risk Assessment Form
 - v) Latex Allergy Screening Questionnaire for Employees.
- b) Employee occupational health does not perform any on-boarding actions for contractors. Such actions are the responsibility of the contacted organization.
- c) Immunizations. Pre-placement evaluations and change in duty may require a review of your immunizations record including MMR (measles, mumps & rubella), Tdap, Varicella (Chicken Pox) and Hepatitis B vaccinations. All employees who have exposures to blood or body fluids are strongly recommended to complete a Hepatitis B vaccine series followed by anti-hepatitis B surface antigen titer checked at least 30 days after the last dose of the vaccine series. All employees are required to participate in the annual influenza vaccination program (10).
- d) Ergonomic Medical Evaluations. Employees who have symptoms that they feel are caused or exacerbated by their worksite configuration may request an evaluation of their worksite through the Ergonomics Team (VHAMINergonomicsTeam@va.gov). The purpose of the worksite evaluation will be to determine if ergonomic interventions may improve or resolve the employee's symptoms. Actions regarding ergonomic matters are for the purposes of prevention and safety, irrespective of issues of causality.
- e) Tuberculosis Screening. All prospective employees, including WOCs, will be screened for tuberculosis, including completion of a TB symptom and risk assessment form and a QuantiFERON Gold TB test. In lieu of a QuantiFERON Gold TB test ordered by occupational health, an employee or WOC can provide outside records of a negative TB test performed within the past 12 months. Acceptable tests include a QuantiFERON TB test, T-Spot TB blood test, or a 2-step skin test. Any employee or WOC with a past or current positive TB screening test will be required to provide a copy of their most recent chest x-ray report. This will be reviewed by an Occupational Health Provider and the provider will determine if another x-ray is required. Occupational health can order a chest x-ray for any employee or WOC requiring one. Contracted staff must be screened for tuberculosis through the contracted organization. WOCs must complete TB clearance before they are cleared to work in a MVAHCS building.

Health professions trainees (HPTs) working under a Trainee Qualifications and Credentials Verification Letter (TQCVL) satisfy the preplacement examination and evaluation criteria. The TQCVL indicates they have met all TB screening criteria. Medical facility EOHP personnel are not authorized to conduct preplacement evaluations and examinations or routinely collect medical health information on residents, interns and medical consultants appointed under 38 U.S.C. 7406 who are sponsored by a health care training program and covered by a TQCVL.

- f) Respirator Medical Evaluation Questionnaire. All employees with duties that require the use of a respirator are required to complete the required TMS trainings and complete the OSHA Respirator Medical Evaluation Questionnaire. Employees must meet certain minimum health requirements and receive approval from Occupational Health before respirator fit testing can be performed by the Safety Department. Annual fit testing is required to use a respirator on campus.

10. REPORTING REQUIREMENTS FOR ADVERSE EVENTS:

- a) Reporting requirements of adverse events are described in the Research Service Directive 1058 “Research Compliance Reporting Requirements, 10RO - Research Oversight” (6)
- b) Apparent or suspected research safety events that shall be reported include:
 - i) Exposures to hazardous chemicals,
 - ii) Research-related injuries,
 - iii) Safety incidents,
 - iv) Program non-compliance.
- c) All injuries and illnesses that occur on campus are required to be entered into the facility’s online ECOMP by the employee (or designee) within 5 business days of incident.

11. REFERENCES:

1. Research Laboratory Safety Guidebook. December 4, 2019.
<http://vaww.hefp.va.gov/guidebooks/research-laboratory-safety-guidebook>
2. Employee Occupational Health Service Directive 5019. St. Louis, September 2017.
https://www.va.gov/vapubs/Search_action.cfm
3. Occupational Safety and Health Standards. 29 CFR Part 1910.
http://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1910
4. ANSI/ISEA Z87.1-2020: Current Standard for Safety Glasses. <https://blog.ansi.org/2020/04/ansi-isea-z87-1-2020-safety-glasses-eye-face/>
5. NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, Department of Health and Human Services (DHHS), 2016. <https://www.cdc.gov/niosh/docs/2016-161/default.html>
6. VHA Handbook 1058.01, Research Compliance Reporting Requirements, October 22, 2020.
<https://www.va.gov/vhapublications/publications.cfm?pub=1>
7. CDC Sharps Safety for Healthcare Settings, <https://www.cdc.gov/sharpsafety/index.html>
8. OSHA Permissible Exposure Limits – Annotated Tables. <https://www.osha.gov/annotated-pels>
9. Minneapolis VA Medical Center Policies. <https://dvagov.sharepoint.com/sites/vhaminmcpso>
10. Recommended Immunizations for HCW: <https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>
11. ECOMP. <https://www.ecomp.dol.gov/>

12. SRS APPROVED: September 26, 2023

13. RECISSIONS: SRS-009 Medical Surveillance and Other Occupational Health Services SOP, March 6, 2018

14. **FOLLOW-UP RESPONSIBILITY:** Subcommittee on Research Safety (SRS)

15. ATTACHMENTS:

- a) Attachment A – Occupational Health Clearance Form
- b) Attachment B - Tuberculosis (TB) Screening and Risk Assessment Form
- c) Attachment C - Latex Allergy Screening Questionnaire

Date:

From: Associate Chief of Staff, Research Service (151)

Subj: Occupational Health Clearance (Appointment Term: [Select or type])

To:

Cc:

1. You (_____) are required to be cleared by Occupational Health before reporting for duty. This is a condition of your employment here, regardless of your salary source. You must schedule a visit with Occupational Health (612-467-2985) (Room 4M-123) before you start your work with Research Service.
2. Bring the following items with you to your Occupational Health visit:
 - a. This memo with item #3 below completed
 - b. Verifiable or official copies of immunization records (or antibody titer levels) for:
 - i. MMR (Measles, Mumps, and Rubella)
 - ii. Varicella
 - iii. Hepatitis B
 - iv. Tetanus (evidence of vaccination within the past 10 years)
 - v. Influenza
 - vi. COVID-19
 - c. Medical documentation of tuberculosis (TB) screening test results in past 12 months. If you don't have a recent TB screening, you may receive one at the VA.
 - d. A completed Zoonoses Questionnaire if working with animals, or animal tissues or fluids.
3. Complete the following items with your PI. Will your research assignment involve:
 - a. Exposure to human tissues or fluids? No Yes
If yes, specify: _____
 - b. Exposure to animals, animal tissues or fluids? No Yes
If yes, specify: _____
 - c. Exposure to pathogens? No Yes
If yes, specify: _____
4. Depending upon your duties and/or the laboratory in which you will be working, you may be vaccinated or have a blood sample drawn and stored for reference purposes.
5. Return this completed memorandum to the Research Office (VHAMINResearchOffice@va.gov) and you will then be issued any necessary laboratory coats and keys.

Associate Chief of Staff, Research

To: Research Office (151)

Date: _____

The above named employee reported to Occupational health for screening. The employee has been informed of any necessary follow-up visits.

Reviewing Occupational Health Staff Member

Employee Occupational Health

Mission

The mission of Employee Occupational Health is to create a safe and healthful working environment for all employees. Employee Occupational Health provides a comprehensive, holistic, occupational, health, safety and wellness program for employees. It supports the values, vision and mission of VHA recognizing that our employees are our most important resource.

The goals of Employee Occupational Health are to:

- Prevent injuries and illnesses
- Protect employees against health and safety hazards in the work environment
- Place workers according to their physical, mental and emotional capacities in work that they can perform without endangering their health or the health of their coworkers
- Provide medical and rehabilitative services to the occupationally injured and ill
- Return the occupationally injured and ill to duty
- Assist employees in personal health maintenance
- Support compliance with federal, state, local and professional standards and guidelines

Contact Information

Employee Occupational Health Service

Building 70, 4M-123

Hours: 7:30 AM - 4:00 PM

Monday-Friday

After hours, the Emergency Department 1V

Phone: 612-467-2985

Fax: 612-467-5092

Required Vaccines & Tests

- MMR x2
- Varicella x2 (or medically documented chicken pox)
- Hepatitis B x3
- Tdap within the last 10 years
- Seasonal Flu Vaccine
- TB/Mantoux testing within the last 12 months

LATEX ALLERGY SCREENING QUESTIONNAIRE EMPLOYEES

Note: Identification of a latex allergy is important to allow you to be protected from unacceptable exposure.

1. Have you ever been told by a doctor that you are allergic to latex?

Yes No

2. Have you ever had any reaction (including difficulty breathing, chapping or cracking of skin, runny nose/congestion, itching, redness, wheezing, swelling or hives) to latex products such as:

Balloons Rubber Gloves Rubber Bands
 Condoms, diaphragms No, I have no such reaction

3. Do you have food allergies to:

<input type="checkbox"/>	Avocado	<input type="checkbox"/>	Apricot
<input type="checkbox"/>	Banana	<input type="checkbox"/>	Chestnut
<input type="checkbox"/>	Grapes	<input type="checkbox"/>	Kiwi
<input type="checkbox"/>	Passion fruit	<input type="checkbox"/>	Papaya
<input type="checkbox"/>	Pear	<input type="checkbox"/>	Pineapple
<input type="checkbox"/>	Other _____		
<input type="checkbox"/>	No, I do not have any food allergies		

COMMENTS _____

Employee Name: _____

Social Security Number: NA - - - - -

Date: _____