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Health Services
LOS ANGELES COUNTY

EMPLOYEE HEALTH SERVICES
COUNTY WORKFORCE MEMBER
HAZARDOUS DRUGS SPECIALTY MEDICAL EVALUATION

See GENERAL INSTRUCTIONS on Last Page

LAST NAME:	FIRST, MIDDLE NAME:	BIRTHDATE:	EMPLOYEE NO.:
JOB CLASSIFICATION:	ITEM NO.:	WORK FACILITY:	
DEPARTMENT:	WORK AREA/UNIT:	SHIFT:	PAY LOC.:
E-MAIL ADDRESS:	WORK PHONE NO.:	CELL/PAGER NO.:	SUPERVISOR NAME:

ANTI-NEOPLASTIC/HD ANNUAL QUESTIONNAIRE COMPLETED Reviewed Date: _____

<input type="checkbox"/> Initial Exam	<input type="checkbox"/> Annual Exam	<input type="checkbox"/> Exposure	<input type="checkbox"/> Termination Exam	<input type="checkbox"/> Declination signed for Exam Surveillance	
Height: _____ ft _____ in	Weight: _____ lbs.	BMI:	Temp:	P:	B/P:

DATE	TEST	RESULT

PHYSICAL EVALUATION			DESCRIPTION OF ABNORMAL FINDINGS
<i>Check each item in the appropriate column.</i>	NORMAL	ABNORMAL	
General	<input type="checkbox"/>	<input type="checkbox"/>	
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen and Viscera	<input type="checkbox"/>	<input type="checkbox"/>	
Back/Spine	<input type="checkbox"/>	<input type="checkbox"/>	
Upper Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
Lower Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	

Remarks: _____

Any identified medical conditions that need further evaluation or treatment? No Yes _____

Referred to Primary Care Provider for General Health Maintenance Referred to Primary Care Provider _____

Recommend 1 year interval for next exam Other _____ with justification _____

Date completed: _____ Next Due Date: _____

ANNUAL HAZARDOUS / ANTI-NEOPLASTIC DRUGS SPECIALTY MEDICAL EVALUATION
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 **GENERAL INSTRUCTIONS**

In accordance with the Anti-Neoplastic and Hazardous Drug Medical Surveillance policy, workforce members who are routinely exposed to hazardous drugs will be enrolled and monitored as part of the medical surveillance program. This includes workforce members who directly handle drugs such as nursing staff, pharmacists, and pharmacy technicians. Occupational risk includes preparation, administration, and disposal of hazardous drugs.

Workforce member shall complete the Anti-Neoplastic/Hazardous Drug Evaluation/Questionnaire form, which contains the workforce member's medical and work history. The medical examination/questionnaire shall be conducted at pre-placement, annually, post-exposure, and exit /termination; and without cost to Department of Health Services workforce member. Identification of workforce members who need to be monitored will be made by Service Area Managers/Supervisors. Medical surveillance may be discontinued if the workforce member no longer works with anti-neoplastic/ hazardous agents.

Workforce member must sign the Declination of Medical Treatment if he/she declines the initial, annual, post-exposure or exit medical examination.

Non-County workforce members who have potential exposure to occupational hazards will be included in the surveillance program but will not have their assessments done through the County, unless specified in contract/agreement. Emergency services will be provided post-exposure within the allowable time frames, but will be billed to the contractor or agency, as appropriate.

Hazardous drug medical surveillance records shall be maintained for the duration of employment/assignment plus thirty (30) years, in accordance with 29 CFR 1910.1020 and 8 CCR §3204 of the General Industry Safety Orders.

DHS-EHS staff shall verify/review documentation(s) and record completion of this form for workforce member. This form and its attachment, if any, such as medical records shall be filed in workforce member's EHS medical file. All medical records of workforce member are confidential in accordance with federal, state and regulatory requirements.

DHS-EHS will obtain the workforce member's written consent before using or disclosing medical information, include to self, unless the disclosure is required by State or Federal law such as to a public health authority or governmental regulatory agency. An agency such as Cal-OSHA will need to provide a written order to access medical records with personally identifiable information. That written order will need to be posted at the facility upon such request. 8CCR §3204(e)(3)

Workforce members have the right to access their medical records and obtain a copy, thereof, within fifteen (15) days after the request.