

Barcode label

Name: _____

Z#: _____

TERMINATION/TRANSFER CHECKIST

PART I – TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT)

Name		Z#	Employer	Group Leader	Z#
Group	Mail Stop	Work Phone	Home Phone	Home Address	
1. Have you had any work-related illness or injury not previously reported? If so, explain circumstances.					<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been informed of an exposure to radiation or toxic materials above permissible limits? If so, explain.					<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Since your last LANL physical examination:					
a. Have you changed jobs?					<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you had a work-related injury or illness?					<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had any unprotected workplace exposure to the following:					
1. High Noise					<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Fumes					<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Dusts					<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Chemicals					<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Radiation					<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, explain.					
4. Do you have a history of a prior work-related injury that you feel is in need of continuing medical care? If so, explain.					<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have any concerns related to prior work-related illness, injuries, or exposures? If so explain.					<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Termination Date:					
7. FMLA/Medical LOA Dates:					
8. Will you continue work as (circle one): lab associate casual contractor <input type="checkbox"/> Yes <input type="checkbox"/> No					
Signature of Employee:				Date:	

Please fax the completed form to HSR-2 Occupational Medicine at 7-0535. An HSR-2 nurse will call you soon to conduct a telephone evaluation to determine if a termination examination is required. If you are not contacted within one hour, please call 7-7839 for assistance. Thank You.