



## Bucknell University Chemical Exposure Assessment Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Department \_\_\_\_\_  
Supervisor \_\_\_\_\_ Visit Date \_\_\_\_\_  
Date of Exposure \_\_\_\_\_

Describe Circumstances of Exposure and Related Signs and Symptoms:

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Report the identity of the chemicals to which you have been exposed, and if possible, the corresponding CAS #s

Chemical Name	CAS #
_____	_____

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Physician Form:

A record of the consultation, examination and test results can be found:

Attached \_\_\_\_\_ By contacting \_\_\_\_\_

Conclusions regarding any medical conditions that could increase the employees risk:

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Follow-Up Recommendations:

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I am a certified physician, or function under the supervision of a certified physician. I take responsibility for the examination of the above named patient and have fulfilled my duty to inform the employee of the results of the consultation, examination and of any medical conditions that may require further examination or treatment.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Send original to Environmental Health & Safety place a copy on Patient's Chart

Environmental Health & Safety  
Revised 4/15/16