



## Health Surveillance Referral Form

Worker Name	
Position	
Staff or Student Number	
School/Centre/Institute/Division	
Supervisor	
Safety Coordinator (WHSC)	

Please refer to the following UQ HSW Guidelines for information about health surveillance

<http://www.uq.edu.au/ohs/index.html?page=250025>

1. Health Surveillance for Schedule 14 hazardous substances
2. UQ PPL 2.30.13 Working Safely with Carcinogens

### Details of hazardous substances

*(add additional rows, if required)*

Substance	Form (powder/solution)	Concentration	Frequency of use (e.g. daily, weekly, 4 times/month)

### Details of Risk Management

<https://www.risk.admin.uq.edu.au>

*(add additional rows, if required)*

Risk Assessment ID #	Risk Assessment Name

### Please forward this form to:

Occupational Health Nurse Advisor

Email: [ohna@uq.edu.au](mailto:ohna@uq.edu.au)