

**APPENDIX 1 - C**

**REQUEST FOR MEDICAL CONSULTATION OR EXAMINATION**

Name: \_\_\_\_\_ PID No: \_\_\_\_\_

Title: \_\_\_\_\_ Phone No: \_\_\_\_\_

Department: \_\_\_\_\_ CB#: \_\_\_\_\_

Lab Building: \_\_\_\_\_ Lab Room No. \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Employed by UNC Since: \_\_\_\_\_ In this laboratory: \_\_\_\_\_

Reason for request for medical consultations or examination:

\_\_\_\_\_

1) Name of chemical to which employee was or may have been exposed:

\_\_\_\_\_

2) Description of the conditions under which exposure occurred, dates, and exposure dates, if available.

\_\_\_\_\_

3) Description of signs and symptoms experienced:

\_\_\_\_\_

Complete and mail to: Environment, Health & Safety  
1120 Estes Drive Extension, CB# 1650  
(p) 919-962-5507  
(f) 919-962-0227  
email: chemsafety@unc.edu