

1145

MEDICAL WORKSHEET

TYPE OF BUSINESS:

- | | |
|--|---|
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> General Medicine |
| <input type="checkbox"/> Extended Care | <input type="checkbox"/> Lab (please specify) |
| <input type="checkbox"/> Clinic | _____ |
| <input type="checkbox"/> Office | <input type="checkbox"/> Medical Specialization |
| | _____ |
| <input type="checkbox"/> Chemical Exposures (Complete Industrial Chemical Worksheet, if checked) | |

1150 **HIV/HEPATITIS B, AIDS:**

- | | |
|--|---|
| <input type="checkbox"/> Patient handling | <input type="checkbox"/> Sterilization |
| <input type="checkbox"/> Personal Protective Equipment | <input type="checkbox"/> Waste Disposal/Laundry |

1155 **LIFTING:**

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Patients | <input type="checkbox"/> Restraining |
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1160 **MEDICAL GASES:**

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Nitrous Oxide | <input type="checkbox"/> Oxygen |
|--|---------------------------------|

1165 **PHYSICAL THERAPY:**

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Institutional | <input type="checkbox"/> Out Patient |
|--|--------------------------------------|

1170 **SHARPS:**

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Hypodermics | <input type="checkbox"/> Surgical Instruments |
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1175 **X-RAY EXPOSURES:**

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Radiation | <input type="checkbox"/> Protection |
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