

**Medical Screening Process
Initiated**

PI and Participant complete Form A.

- PI is responsible for ensuring accurate information on Form A
- Form must be signed by both the PI and the Participant.
- Participant keeps a copy to mail to SCOMC with Forms B and C.

**PI and Participant
send copy of Form A
to EH&S.**

**Participant completes Form B and top of Form C
independently.**

*****Form B contains confidential information*****

**Participant places Forms A, B, and C
in a sealed envelope and sends to:
Santa Cruz Occupational Medical
Center (SCOMC)
610 Frederick Street,
Santa Cruz, CA 95062
or sends via secure fax:
(510) 653-5210**

SCOMC:

- Receives **Forms A, B, and C**
- Performs Medical Questionnaire Review
- Returns **Form C** to EH&S

**EH&S notifies Participant of Medical Clearance
or need for further evaluation with SCOMC.**