

What does OHS Mean

OHS does NOT mean TB test. This is a minor and not very relevant part of OHS.

OHS means that you are participating in an OHS program and have received your annual review. There are several ways to achieve OHS but they are all related to your Risk Assessment.

When you participate in the VA OHS program, then you will answer the risk assessment and then the VA OHS questionnaire and sign it. OHS then reviews it and clears you via notification to our office. Below is information that should help you complete the OHS questionnaire.

When you participate in another, non-VA, OHS program, then you will answer the risk assessment, choose not to enroll in VA, choose another program. At that point you will have to send our office verification that you are enrolled in that institution's program. So, if enrolled at Emory, you will log into the Emory site, update your records, and provide us with the date cleared at Emory along with the ID.

Notes

- The website for the OHS Screening Form is not compatible with Google Chrome. Internet Explorer is the preferred Internet browser.
- It is helpful to have your Vaccination records on hand when filling out the form.
- You do not have to enter an answer for the Hepatitis A vaccination and may elect to “sign a declination” for all other vaccinations if you do not have your records on hand.
- Once the OHS nurses review your form they may send you notes that indicate you need to come in for a vaccination. The OHS office is located in room CLC-210.

How to Create a New VA OHS Screening Form:

Step 1: From the VA network, visit [errrp | Login \(va.gov\)](#)

Note: You must be on a VA computer connected to the VA Network to continue.

Administration Main Menu
Employee Effort Certification
Forms Management
R&D Committee
Animal Committee
Biosafety Committee
Research Projects
Human Resources Management
Risk Assessment
Research Training & Credentialing System
Log Off

AREF Systems

CTAR System

Risk Assessment Menu

Instructions
1. Employee Information
2. Employment Information (cont.)
3. Scope of Work
4A. Hazards Assessment Questionnaire
4B. Bloodborne Pathogen Exposure Assessment
4C. Animal Use Questionnaire
4E. Compliance Questions
5. High Risk Assessment
6. OHS Online Screening Form

RISK ASSESSMENT

Risk Assessment

The information was successfully updated.

[Return to previous page](#)

Step 2: Log on using the same username and password you used for www.atlaref.org.

Occupational Health Screening

Atlanta VAMC

Please log in below using your AREFOnline username and password.

If you do not have an account please click here.

If you need to reset your password please click here.

Login

User Name: *	<input type="text"/>
Password: *	<input type="password"/>
<input type="submit" value="Submit"/>	

Notice: Information from this server resides on a computer system funded by the VA. The use of this system may be monitored for computer security purposes. Any unauthorized access to this system is prohibited and is subject to criminal and civil penalties under Federal Laws including but not limited to Public Laws 83-703 and 99-474.

Due to the private nature of this data you may only access this system online from a V15N 7 computer.

Step 3: Select "Create New OHS Form", it is recommended that you have access to your immunization records before proceeding with this step.

Occupational Health Screening

Atlanta VAMC

MAIN MENU | HELP | PASSWORD | LOGOUT
Logged in: mary.medbery@va.gov

Instructions

Getting started:
It is highly recommended that you read the help file first.

Security Reminder:
Do not leave your computer unattended with this system open. If at any time you must leave your computer please LOG OUT AND CLOSE YOUR BROWSER.

Notice:
It is recommended that you have access to your immunization records before beginning a "New OHS Form"

Current Options

Update Employee Details
Create New OHS Form

Step 4: Fill out all 7 sections and press the “Complete & Sign” button at the end.

Occupational Health Screening

Atlanta VAMC

MAIN MENU | HELP | PASSWORD | LOGOUT
Logged in: mary.medbery@va.gov

Please complete the information below.

* Required

Section 1: Occupational Health Screening

CONFIDENTIAL INFORMATION TO BE RETAINED BY OCCUPATIONAL HEALTH SERVICES

This is a voluntary inquiry into the health status of the employee. This portion of the risk is to be completed by the employee. All information contained hereafter will be kept in compliance with the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA).

1.1	Are you a new employee? *	<input type="radio"/> Yes	<input type="radio"/> No
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Section 7: Personal Protective Equipment (PPE)

	YES	NO
7.1	Will/Does the employee use the following: *	
7.2	<input type="radio"/>	<input type="radio"/>
7.3	<input type="radio"/>	<input type="radio"/>
7.4	<input type="radio"/>	<input type="radio"/>
7.5	<input type="radio"/>	<input type="radio"/>
7.6	<input type="radio"/>	<input type="radio"/>
7.7	<input type="radio"/>	<input type="radio"/>
7.8	<input type="radio"/>	<input type="radio"/>
7.9	<input type="radio"/>	<input type="radio"/>

Save for later **Complete & Sign**

Step 5: Sign the Form by typing your name and the date and pressing the “Sign” button.

Occupational Health Screening

Atlanta VAMC

MAIN MENU | HELP | PASSWORD | LOGOUT
Logged in: mary.medbery@va.gov

Please complete the information below.

OHS Signature

Electronic Signature

A typed version of a signee's name is accepted as an original and legal signature pursuant unto the Georgia Electronic Records and Signature Act (Georgia Official Code § 10-12-1 et seq.) and the United States Electronic Signatures in Global and International Commerce Act (dated October 1, 2000).

Signature	<input type="text"/>
Date	<input type="text"/>

Sign

How to Update Your VA OHS Screening Form:

Step 1: From the VA network, visit [errrp | Login \(va.gov\)](#)

Note: You must be logged on to a VA computer connected to the VA Network to continue.

Step 2: Log on using the same username and password you used for [www.atlaref.org](#).

Occupational Health Screening
Atlanta VAMC

Please log in below using your AREFOnline username and password.

If you do not have an account please click here.

If you need to reset your password please click here.

Log in

User Name: *	<input type="text"/>
Password: *	<input type="password"/>
	<input type="submit" value="Submit"/>

Step 3: Choose "Copy last submission to a New OHS Form". If you do not see this option, go back to page 3 of this document.

Occupational Health Screening

Atlanta VAMC

MAIN MENU | HELP | PASSWORD | LOGOUT
Logged in: Michael.Hart3@va.gov

Instructions						
<p>Getting started: It is highly recommended that you read the help file first.</p> <p>Security Reminder: Do not leave your computer unattended with this system open. If at any time you must leave your computer please LOG OUT AND CLOSE YOUR BROWSER.</p> <p>Notice: It is recommended that you have access to your immunization records before beginning a "New OHS Form"</p>						
Current Options						
<p>Update Employee Details</p> <p>Copy last submission to a New OHS Form</p> <p>Create New OHS Form</p>						
Previously Completed (Opens new window)						
<table border="1"><thead><tr><th>Employee Signed</th><th>OHS Signed</th><th>Actions</th></tr></thead><tbody><tr><td>12/16/2010</td><td>11/08/2011</td><td> </td></tr></tbody></table>	Employee Signed	OHS Signed	Actions	12/16/2010	11/08/2011	 
Employee Signed	OHS Signed	Actions				
12/16/2010	11/08/2011	 				

Step 4: Check all information in application for current accuracy and update any information or dates that have changed. Press the “Complete & Sign” button at the end when it is up to date.

Section 7: Personal Protective Equipment (PPE)		
7.1	Will/Does the employee use the following: *	YES NO
7.2	Face Shield *	<input type="radio"/> <input type="radio"/>
7.3	Hearing Protection *	<input type="radio"/> <input type="radio"/>
7.4	Fume Hood *	<input type="radio"/> <input type="radio"/>
7.5	Biological Safety Cabinet *	<input type="radio"/> <input type="radio"/>
7.6	Respirator *	<input type="radio"/> <input type="radio"/>
7.7	Has the employee been instructed on proper usage of the PPE used in the laboratory? *	<input type="radio"/> <input type="radio"/>
7.8	Has the employee been instructed on proper storage of the PPE? *	<input type="radio"/> <input type="radio"/>
7.9	Does your work involve loud noise exposure? *	<input type="radio"/> <input type="radio"/>

Save for later **Complete & Sign**

Step 5: Sign the Form by typing your name and the date and pressing the “Sign” button.

Occupational Health Screening

Atlanta VAMC

MAIN MENU | HELP | PASSWORD | LOGOUT
Logged in: mary.medbery@va.gov

Please complete the information below.

OHS Signature	
Electronic Signature	
<small>A typed version of a signer's name is accepted as an original and legal signature pursuant unto the Georgia Electronic Records and Signature Act (Georgia Official Code § 10-12-1 et seq.) and the United States Electronic Signatures in Global and International Commerce Act (dated October 1, 2000).</small>	
Signature	<input type="text"/>
Date	<input type="text"/> <input type="text"/>

Sign