



PHYSICIAN'S STATEMENT

NAME: _____

DATE OF EXAM: _____

TYPE OF EXAM (pre-employment, annual, or other): Pre-Employment _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____
(Last 4 digits only)

The individual named above has:

1) Undergone a physical examination per OSHA (29 CFR 1910.120) and has been found medically:

- qualified for hazardous site work
- not qualified for hazardous site work*

2) Undergone a physical examination per OSHA (29 CFR 1910.134 (b) (10)) and has been found medically:

- qualified to use respiratory equipment
- not qualified to use respiratory equipment*

Physician's Signature: _____

Printed Name of Physician: _____

Address: _____

Phone Number: _____

Physician's State License Number: _____

Copies of test results are maintained and available at:

Address

OSHA 1910.120 states that persons should not be assigned to tasks requiring the use of respiratory equipment unless it has been determined that they are physically able to perform the work and use the equipment safely.

*The physician should append his report detailing the reasons for this opinion.



HEALTH STATUS MEDICAL REPORT EMPLOYER COPY

TYPE OF EXAMINATION: HAZWOPER Physical

EMPLOYEE NAME: _____ COMPANY: _____

SSN: _____ POSITION: UXO Technician I

DATE OF EXAM: _____ LOCATION: N/A

EXPIRATION DATE: _____ SITE: N/A

The following recommendations are based on a review of one or all of the following: A base history questionnaire, supporting diagnostic tests, physical examination, and the essential functions of the position applied for or occupied by the individual named above.

	Yes	No	Undecided
Does the employee have any detected medical conditions that would increase his/her risk of material health impairment from occupational exposure in accordance with 29 CFR 1910.120?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the employee have any limitations in the use of respirators in accordance with 29 CFR 1910.134?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATUS: (Circle One)

1. Qualified. The examination indicates no significant medical condition. Employee can be assigned any work consistent with skills and training.
2. Qualified with Limitations. The examination indicates that a medical condition currently exists that limits work assignments on the following: _____
3. Not Qualified. See Comments.
4. Deferred. The examination indicated that additional information is necessary. The employee has been given instructions.

COMMENTS: _____

5. Panel Drug Screen Results: (Circle One) Positive Negative Not Collected

I have reviewed the medical data of the above named employee and informed the employee of the results of the examination and any medical conditions that require follow-up examination or treatment.

Name of Physician: _____ Signature & Date: _____