

## Authorization for Beryllium Medical Opinion to Employer

This medical examination for exposure to beryllium could reveal findings of confirmed positive or chronic beryllium disease (CBD) that result in recommendations for (1) limitations on respirator use or other PPE use, (2) limitations on airborne exposure to beryllium, (3) periodic examinations, (4) medical removal from airborne exposure to beryllium, or (5) referral to a specialist in pulmonary medicine at a CBD diagnostic center. Recommended limitations on respirator or other PPE use will be included in the written opinion to the employer. If you want your employer to also know about items 2, 3, 4, and 5, you will need to give written authorization for the written opinion to the employer to include one or more of those recommendations.

I hereby authorize the opinion to the employer to contain the following information, if relevant (please check all that apply):

- Confirmed positive status
- Chronic beryllium disease (CBD) status
- Recommendations for limitations on airborne exposure to beryllium
- Recommendation for periodic examinations
- Recommendation for medical removal from airborne exposure to beryllium
- Recommendation for a pulmonary specialist examination

### OR

I do not authorize the opinion to the employer to contain anything other than recommended limitations on respirator use, PPE clothing or equipment.

Please read and initial:

\_\_\_\_\_ I understand that if I do not authorize my employer to receive the recommendation for pulmonary specialist examination, the employer will not be responsible for arranging and covering costs of a specialist examination.

Employee name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_