

OSHA Beryllium Medical Surveillance Clinical Form

Name _____ Date of current PLHCP exam _____

Blood pressure ____/____ Pulse _____ Pulsoximetry _____%

Physician checklist and worksheet below:

- ____ Copy of OSHA beryllium standard received and reviewed
- ____ Employer maintained employee previous medical exam reports received and reviewed (employee consent required)
- ____ Work history associated with airborne and dermal exposure to beryllium received and reviewed
- ____ Former and current levels of airborne beryllium exposures received and reviewed
- ____ PPE and respiratory protection description and usage history received and reviewed
- ____ Respiratory system dysfunction reviewed
- ____ Smoking history reviewed

	Previous status	Current status	Plan
Symptoms			
CXR			
LDCT			
Spirometry (ATS method) FVC FEV1			
BLPT/CBD			
Lung examination			
Skin examination			
Other			

PLHCP signature _____ Date _____