

OSHA Beryllium Medical Surveillance Intake Form

Name _____ Date of current PLHCP exam _____

Y / N Exposed above OSHA action level greater than 30 days per year

Previous PLHCP exam date _____

- The employee was advised of his/her right to opt out of OSHA Beryllium Standard medical monitoring.

- The risks and benefits of medical monitoring were explained to the employee prior to the examination and the document titled Risks & Benefits of Participating in the OSHA Beryllium Standard Medical Surveillance Program was provided to the employee.

- The employee opted to go forward with the examination.

CURRENT SYMPTOMS:				
Cough	Y / N	_____		
Shortness of breath	Y / N	_____		
Wheeze	Y / N	_____		
Night sweats	Y / N	_____		
Fatigue	Y / N	_____		
Skin rash	Y / N	_____		
SMOKING HISTORY:				
Never:	Age started:	Average packs/day:	Age quit:	Current packs/day:
BERYLLIUM TESTING STATUS (dates):				
BLPT all negative _____	Confirmed positive _____			
Borderline negative _____	Lung sensitized _____			
Unconfirmed positive _____	CBD _____			
RECENT PHYSIOLOGIC TEST DATES:				
BLPT _____	CXR _____	Spirometry _____	LDCT _____	

PLHCP Signature _____ Date _____