

Written Medical Report for Employee

Employee Name: \_\_\_\_\_ Employee# \_\_\_\_\_ Date of Exam \_\_\_\_\_

Type of Examination: [ ] Initial examination [ ] Periodic examination [ ] Other

Results of Medical Examination:

Physical Examination: [ ] Normal [ ] Abnormal (see below) [ ] Not performed

Breathing test (Spirometry): [ ] Normal [ ] Abnormal (see below) [ ] Not performed

Blood test (BeLPT): [ ] Normal [ ] Abnormal (see below) [ ] Not performed

Other: [ ] Normal [ ] Abnormal (see below) [ ] Not performed

Results reported as abnormal:

\_\_\_\_\_

Blood sensitized: [ ] Yes [ ] No CBD (chronic beryllium disease): [ ] Yes [ ] No

[ ] Your health may be at increased risk from airborne exposure to beryllium due to the following:

\_\_\_\_\_

RECOMMENDATIONS:

[ ] No limitations on respirator use (other than SCBA)

[ ] Recommended limitations on respirator use: \_\_\_\_\_

[ ] Recommended limitations on airborne exposure to beryllium: \_\_\_\_\_

[ ] Recommended periodic medical surveillance: \_\_\_\_\_

[ ] Recommended protective clothing and equipment: \_\_\_\_\_

[ ] Recommended further testing: \_\_\_\_\_

[ ] I recommend that you be examined by a Board Certified Specialist in Pulmonary Medicine at a CBD

Diagnostic Center

Please follow-up with your personal physicians concerning the following issues not related to beryllium

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLHCP signature \_\_\_\_\_ Date \_\_\_\_\_