

### Written Medical Report for Employer

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

Type of Examination:     Initial examination     Periodic examination     Other

Use of respirator:

No limitations on respirator use (other than SCBA)

Recommended limitations on respirator or other PPE clothing or equipment use:

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The employee provided written authorization for disclosure of the following to the employer:

Yes     No

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

Recommended limitations on airborne exposure to beryllium:

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Yes     No    This employee should be examined by a Board Certified Specialist in Pulmonary Medicine at a CBD Diagnostic Center.

Next periodic examination:     2 years     Other \_\_\_\_\_

I attest that respiratory system dysfunction and smoking history were reviewed. Also, the medical examination results were explained to the employee, including any tests conducted, any medical conditions related to airborne exposure that require further evaluation or treatment, and any special provisions for use of personal protective clothing or equipment.

I attest that I received and reviewed: work history associated with airborne and dermal exposure to beryllium, former and current levels of airborne beryllium exposures, PPE and respiratory protection description and usage history, employer maintained employee medical exam records (following required employee consent), and a copy of the OSHA beryllium standard.

I attest that this medical examination has met the requirements of the medical surveillance section of the OSHA Beryllium standard 1910.1024.

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