

WRITTEN MEDICAL REPORT FOR EMPLOYEE

EMPLOYEE NAME: \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_

TYPE OF EXAMINATION:

- [ ] Initial examination [ ] Periodic examination [ ] Specialist examination
[ ] Other: \_\_\_\_\_

RESULTS OF MEDICAL EXAMINATION:

- Physical Examination - [ ] Normal [ ] Abnormal (see below) [ ] Not performed
Chest X-Ray - [ ] Normal [ ] Abnormal (see below) [ ] Not performed
Breathing Test (Spirometry) - [ ] Normal [ ] Abnormal (see below) [ ] Not performed
Test for Tuberculosis - [ ] Normal [ ] Abnormal (see below) [ ] Not performed
Other: \_\_\_\_\_ [ ] Normal [ ] Abnormal (see below) [ ] Not performed

Results reported as abnormal: \_\_\_\_\_

[ ] Your health may be at increased risk from exposure to respirable crystalline silica due to the following:

RECOMMENDATIONS:

- [ ] No limitations on respirator use
[ ] Recommended limitations on use of respirator: \_\_\_\_\_
[ ] Recommended limitations on exposure to respirable crystalline silica: \_\_\_\_\_

Dates for recommended limitations, if applicable: \_\_\_\_\_ to \_\_\_\_\_
MM/DD/YYYY MM/DD/YYYY

[ ] I recommend that you be examined by a Board Certified Specialist in Pulmonary Disease or Occupational Medicine

[ ] Other recommendations\*:

Your next periodic examination for silica exposure should be in: [ ] 3 years [ ] Other: \_\_\_\_\_
MM/DD/YYYY

Examining Provider: \_\_\_\_\_ (signature) Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

\*These findings may not be related to respirable crystalline silica exposure or may not be work-related, and therefore may not be covered by the employer. These findings may necessitate follow-up and treatment by your personal physician.

Respirable Crystalline Silica standard (§ 1910.1053 or 1926.1153)



## AUTHORIZATION FOR CRYSTALLINE SILICA OPINION TO EMPLOYER

This medical examination for exposure to crystalline silica could reveal a medical condition that results in recommendations for (1) limitations on respirator use, (2) limitations on exposure to crystalline silica, or (3) examination by a specialist in pulmonary disease or occupational medicine. Recommended limitations on respirator use will be included in the written opinion to the employer. If you want your employer to know about limitations on crystalline silica exposure or recommendations for a specialist examination, you will need to give authorization for the written opinion to the employer to include one or both of those recommendations.

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

Recommendations for limitations on crystalline silica exposure

Recommendation for a specialist examination

OR

I do not authorize the opinion to the employer to contain anything other than recommended limitations on respirator use.

Please read and initial:

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

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date