## WRITTEN MEDICAL REPORT FOR EMPLOYEE

[ ] Periodic examination [ ] Specialist

**DATE** 

**EMPLOYEE NAME:** 

OF EXAMINATION: \_

**TYPE OF EXAMINATION:** 

[ ] Initial examination

examination

## PAPERWORK REDUCTION ACT STATEMENT

Under the respirable crystalline silica standards, it is mandatory for  $% \left\{ 1,2,\ldots ,n\right\}$ employers to ensure that a physician or licensed health care professional (PLHCP) or specialist provide employees who meet the medical surveillance trigger with a written medical report within 30 days of each [] Other:

CRE 1910.053/03 and 29 CRE  Reduction Act, a federal agency generally cannel control for expensive Reduction Act, a federal agency generally cannel control or separation, and the public is generally not required to respond to, an information collection, unless it is approved by OMA and displays a vailed OME Control Number. Use of this sample modical report is criticity opinional. This sample from will assist both the PUECP or specialist and employers to ensure that the PUECP or specialist provides compilant engloyine medical documentation. OSHA cetimates the PUECP or specialist provides compilant engloyine medical documentation. OSHA cetimates the puech of the compilation of this collection of information (two two boars and forty where instituted is the fort eviewing instructions, and the collection of information (two the hours and forty where instituted is, 25.75 hours.). These enflaints include the time for reviewing instructions, and the collection of information (two the hours and forty where instituted is, 25.75 hours.). These enflaints include the time for reviewing instructions, and the collection of information (two the hours and forty where instructions, and the collection of information. The time entitive includes an engineering the forth public collection of information. The time entitive includes an engineering the public collection of information. Including suggestions to the PUECP (for both the medical report for the employee and m	medical examination performed. (29	[ ] Other.		
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] Your health may be at increased risk from exposure to respirable crystalline silica due to the following:				
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RECOMMENDATIONS:			
[ ] No limitations on respirator use			
[ ] Recommended limitations on use of respirator:			
[ ] Recommended limitations on exposure to respirable			
Dates for recommended limitations, if applicable:	to		
	MM/DD/YYYY	MM/DD/YYYY	
[ ] I recommend that you be examined by a Board Cer	tified Specialist in P	ulmonary Disea	se or Occupational Medicin
[ ] Other recommendations*:			
Your next periodic examination for silica exposure shou	ıld be in: [ ] 3 years	[ ] Other:	
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Examining Provider:(signature)	<del></del>	Date:	<del></del>
Provider Name:			
Office Address:		Office Pho	ne:
*These findings may not be related to respirable crystal may not be covered by the employer. These findings may physician.		-	

Respirable Crystalline Silica standard (§ 1910.1053 or 1926.1153)