

WRITTEN MEDICAL OPINION FOR EMPLOYER

PAPERWORK REDUCTION ACT STATEMENT

Under the respirable crystalline silica standards, it is mandatory for employers to obtain from a physician or licensed health care professional (PLHCP) or specialist a written medical opinion for each employee who meets the medical surveillance trigger, and to ensure that the employee receives a copy of the medical opinion, within 30 days of the medical examination. (29 CFR 1910.1053(i) and 29 CFR 1926.1153(h)). It is mandatory for employers to maintain the medical opinion in compliance with 29 CFR 1910.1020. (29 CFR 1910.1053(k) and 29 CFR 1926.1153(j)). Under the Paperwork Reduction Act a Federal

EMPLOYER: _____

EMPLOYEE NAME: _____ **DATE OF EXAMINATION:** _____

TYPE OF EXAMINATION:

- Initial examination Periodic examination Specialist examination
 Other: _____

USE OF RESPIRATOR:

- No limitations on respirator use
 Recommended limitations on use of respirator: _____

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

The employee has provided written authorization for disclosure of the following to the employer (if applicable):

- This employee should be examined by an American Board Certified Specialist in Pulmonary Disease or Occupational Medicine
 Recommended limitations on exposure to respirable crystalline silica: _____

Dates for exposure limitations noted above: _____ to _____
MM/DD/YYYY MM/DD/YYYY

NEXT PERIODIC EVALUATION: 3 years Other: _____
MM/DD/YYYY

Examining Provider: _____ Date: _____
(signature)
Provider Name: _____ Provider's specialty: _____
Office Address: _____ Office Phone: _____

I attest that the results have been explained to the employee.

The following is required to be checked by the Physician or other Licensed Health Care Professional (PLHCP):

I attest that this medical examination has met the requirements of the medical surveillance section of the OSHA Respirable Crystalline Silica standard (§ 1910.1053(h) or 1926.1153(h)).