

U.S. DEPARTMENT OF ENERGY
CHRONIC BERYLLIUM DISEASE PREVENTION
PROGRAM INFORMED CONSENT FORM

PRIVACY ACT STATEMENT

Sections 2165 and 2201(I) of title 42 of the United States Code authorize the collection of information by the U.S. Department of Energy (DOE) to regulate the possession and use of special nuclear material and access to restricted data. DOE will use the information collected on this form to aid in the determination of an individual's eligibility to perform his/her duties. The information may also be provided to other agencies of the United States government for investigations that involve protection of the national security, public health and safety, or the environment. If DOE uses the information for purposes other than those indicated in this statement, it will provide notice of those additional purposes to persons who have submitted information on this form. Submission of the information requested on this form is voluntary, but failure to provide the information may result in denial of assignment of duties. This information is being collected under DOE-33, *Employee Medical Records*, and DOE-88, *Epidemiologic and Other Health Studies, Surveys, and Surveillances*, both which are published in DOE's Compilation of Privacy Act Systems of Records posted at:

<https://www.energy.gov/sites/prod/files/maprod/documents/FinalPASORNCompilation.1.8.09.pdf>.

OMB BURDEN DISCLOSURE STATEMENT

Public reporting burden for this collection of information is estimated to average 15 minutes per response; including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the Office of Environment, Health, Safety and Security, EHSS-70, U.S.

Department of Energy, Paperwork Reduction Project (1910-5112), Washington, DC 20585, and to the Office of Management and Budget, Paperwork Reduction Project (1910-5112), Washington, DC 20503.

SECTION I: CONSENT

1. I, _____ have carefully read and understand the attached information about the Be-LPT and other medical tests. I have had the opportunity to ask any questions that I may have had concerning these tests.
2. I understand that this program is voluntary, and I am free to withdraw at any time from all or any part of the medical surveillance program. I understand that the tests are confidential, but not anonymous. I understand that if the results of any test suggest a health problem, the examining physician will discuss the matter with me, whether or not the result is related to my work with beryllium. I understand that my employer will be notified of my diagnosis only if I have a beryllium sensitization or chronic beryllium disease. My employer will not receive the results or diagnosis of any health conditions not related to beryllium exposure.
3. I understand that, if the results of one or more of these tests indicate that I have a health problem that is related to beryllium, additional examinations will be recommended. If additional tests indicate I do have a beryllium sensitization or CBD, the Site Occupational Medical Director may recommend that I be removed from working with beryllium. If I agree to be removed, I understand that I may be transferred to another job for which I am qualified (or can be trained for in a short period) and where my beryllium exposures will be as low as possible, but in no case above the action level. I will maintain my total earnings, seniority, and other benefits for up to two years if I agree to be permanently removed.
4. I understand that if I apply for another job or for insurance, I may be requested to release my medical records to a future employer or an insurance company.
5. I understand that my employer will maintain all medical information relative to the tests performed on me in segregated medical files separate from my personnel files, treated as confidential medical records, and used or disclosed only as provided by the Americans with Disability Act, the Privacy Act of 1974, or as required by a court order or under other law.

6. I understand that the results of my medical tests for beryllium will be included in the Beryllium Registry maintained by DOE, and that a unique identifier will be used to maintain the confidentiality of my medical information. Personal identifiers will not be included in any reports generated from the DOE Beryllium Registry. I understand that the results of my tests and examinations may be published in reports or presented at meetings, but that I will not be identified.

7. I consent to having the following medical evaluations:

- Physical examination concentrating on my lungs and breathing
- Chest X-ray
- Spirometry (type of pulmonary function or breathing test)
- Laboratory Blood Test (Beryllium Lymphocyte Proliferation Test (BeLPT))
- Other test(s). Specify: _____

SECTION II: PARTICIPANT SIGNATURE

8. Name of Participant	9. Signature of Participant	10. Date
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SECTION III: PHYSICIAN SIGNATURE AND DISCLOSURES

I have explained and discussed any questions that the employee expressed concerning the Be-LPT, physical examination, and other medical testing as well as the implications of those test.

11. Name of Examining Physician	12. Signature of Examining Physician	13. Date
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