



OSHA INSTRUCTION

U.S. DEPARTMENT OF LABOR

Occupational Safety and Health Administration

DIRECTIVE NUMBER: PER 04-00-005

EFFECTIVE DATE: August 22, 2009

SUBJECT: OSHA Medical Examination Program

ABSTRACT

- Purpose:** This instruction replaces the Compliance Safety and Health Officer (CSHO) Medical Examination Program and establishes the OSHA Medical Examination Program. This instruction revises the scope of employees covered by the OSHA Medical Examination Program and revises program elements to better match the occupational needs of covered employees. The frequency requirement for the periodic medical history and physical examination is modified and an Interim Medical Evaluation is created to assess fitness-for-duty in years an employee is not scheduled for a Periodic Physical Examination.
- Scope:** This instruction applies OSHA-wide.
- References:** Office of Personnel Management (OPM). Single Agency Qualification Standard: Compliance Safety and Health Officer. 12/24/85.
- OSHA Instruction PER 04-00-004, Hearing Conservation Program, 6/23/2008.
- OSHA Instruction CPL 02-02-054, Respiratory Protection Program Guidelines, 7/14/2000.
- OSHA Instruction HSO 01-00-001, National Emergency Management Plan (NEMP), 12/18/2003.
- Cancellations:** OSHA Instruction PER 04-00-003 [PER 8-2.5], CSHO Medical Examinations, 3/31/1989.
- OSHA Instruction PER 04-00-002 [PER 8-2.4], CSHO Pre-Employment Medical Examinations, 3/31/1989.

State Impact: None.

Action Offices: OSHA National, Regional, and Area Offices.

Originating Office: Directorate of Technical Support and Emergency Management.

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By and Under the Authority of

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Acting Assistant Secretary

Executive Summary

This instruction cancels OSHA Instructions PER 04-00-003 [PER 8-2.5] and PER 04-00-002 [PER 8-2.4] and issues the OSHA Medical Examination Program to revise the description of employees eligible for the Medical Examination Program and to update program elements to better match the occupational needs of covered employees.

The 1989 OSHA Instruction PER 04-00-003 [PER 8-2.5] implemented the Single Agency Qualification Standard: Compliance Safety and Health Officers, which mandated that covered employees meet a set of physical requirements as determined by an annual physical examination (Appendix A). This directive replaces the Compliance Safety and Health Officers (CSHO) Medical Examination Program and establishes a new scope of applicability and periodicity requirements for the OSHA Medical Examination Program. The expanded scope now includes both CSHOs and any other OSHA personnel who perform field work that places them at risk for occupational exposures or other hazardous work conditions. Therefore, the medical program title and scope now reflect inclusion of personnel other than CSHOs. The revised periodicity is based on recognition that comprehensive medical evaluations, when performed annually, are not significantly beneficial for some employees, particularly those younger than 50 years of age. Therefore, medical examination frequency will be aligned with age, individual medical conditions and occupational exposures, when applicable. The medical evaluation requirements mandated by OSHA standards will continue to be applied (Appendix B). This directive allows the Office of Occupational Medicine to exercise flexibility and practical judgment in determining the appropriate medical evaluation periodicity for each covered employee.

The OSHA Medical Examination Program is based on a review of: current medical literature, professional guidance, medical examination protocols in other agencies and non-occupational medical public health recommendations. Annual medical evaluations of covered employees will continue, but the more extensive medical histories and physical examinations will now be performed during Pre-placement examinations, every three years until age 50 and then every two years until age 65, at which time the frequency of examinations will change to every year. The frequency of the periodic medical history and physical examination, or parts of the examination, may be changed by the Office of Occupational Medicine (OOM) in accordance with prudent medical practice.

An Interim Medical Evaluation of each covered employee will be provided in the years in which the Periodic Physical Examination is not done. The Interim Medical Evaluation will include audiometric testing, a respirator questionnaire as required by the Respiratory Protection standard, 29 CFR 1910.134, and a blood pressure determination. Additional testing, such as pulmonary function testing, may also be indicated.

Participation in Periodic Physical Examinations and Interim Medical Evaluations is mandatory for all covered employees.

Significant Changes

Eligibility for inclusion in the OSHA Medical Examination Program is not limited to specific positions by grade and series, as it was in the CSHO Medical Examination Program. Medical examinations are now provided to all personnel assigned to field duties in which there is reasonable anticipation of encountering physical, chemical and/or biological hazards including employees whose duties require on-site inspections, on-site evaluations and/or on-scene emergency response functions. Members of Regional Response Teams and Specialized Response Teams must meet the medical qualifications of this program as long as they participate on these teams.

The OSHA Medical Examination Program no longer requires an annual comprehensive medical history and physical examination for all covered employees. Annual medical evaluations of covered employees will continue, but the more extensive medical questionnaires and physical examinations will now be completed during a Pre-placement Examination, every three years until age 50, and then every two years until age 65, at which time the frequency of examinations will change to every year. Periodic Physical Examinations for those less than 65 years of age will be scheduled more frequently as needed, based on medical conditions and occupational exposures. Interim Medical Evaluations will be scheduled in the intervening years.

Regional Administrators or their designees are now required to notify OOM when they become aware of an employee exposure that reaches an action level required in OSHA standards or another occupational exposure of concern. In addition, they are encouraged to notify OOM of employee hospitalizations, significant surgeries, or periods of medical restrictions exceeding one month, since these situations may signal a need for more frequent or additional medical evaluations. Regional Administrators are also required to consult with OOM and put a temporary duty restriction in place within 10 working days of notification that an employee does not meet the medical and/or physical requirements of their positions.

Chest X-rays are now voluntary after the initial Pre-placement Examination unless the employee has experienced an occupational exposure that triggered the medical surveillance requirements of an OSHA standard. If an exposure does trigger the requirements of a standard, the schedule for chest X-rays established by that standard will be followed.

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I. Purpose.

This instruction cancels the Compliance Safety and Health Officer (CSHO) Medical Examination Program and establishes the OSHA Medical Examination Program. It revises the inclusion criteria and the periodicity requirements for the mandatory Periodic Physical Examination and establishes a mandatory Interim Medical Evaluation in years in which no Periodic Physical Examination is scheduled.

II. Scope. This instruction applies OSHA-wide.

III. References.

- A. Office of Personnel Management (OPM). Single Agency Qualification Standard: Compliance Safety and Health Officer. 12/24/85.
- B. Occupational Safety and Health Administration (OSHA). Directive PER 04-00-004. Hearing Conservation Program, 6/23/08.
- C. Occupational Safety and Health Administration. Directive CPL 02-02-054. Respiratory Protection Program Guidelines. 7/14/2000.
- D. OSHA Instruction HSO 01-00-001, National Emergency Management Plan (NEMP), 12/18/2003.

IV. Cancellations.

OSHA Instruction PER 04-00-003 [PER 8-2.5] CSHO Medical Examinations, 3/31/89.

OSHA Instruction PER 04-00-002 [PER 8-2.4], CSHO Pre-Employment Medical Examination, 3/31/1989.

V. Action Offices.

- A. Responsible Office. Directorate of Technical Support and Emergency Management

Action Offices. National, Regional and Area Offices

VI. Federal Program Change. This instruction describes the OSHA Medical Examination Program. Although this Instruction does not apply to State Plan States, State Plans are encouraged to implement a similar program for their covered employees.

VII. Significant Changes.

- A. All personnel assigned to field duties in which there is reasonable anticipation of encountering physical, chemical and/or biological hazards are covered in the mandatory OSHA Medical Examination Program.
- B. Members of Regional Response Teams and Specialized Response Teams must meet the medical qualifications of the OSHA Medical Examination Program prior to Response Team assignment and throughout the duration of that assignment.
- C. Based on the specific characteristics of the affected positions, and to be consistent with the practices of other federal agencies and accepted public health practices, medical history and physical examination will be performed during the Pre-placement Examination, then every three years until age 50, then every two years until age 65, at which time the Periodic Physical Examination will be completed every year.
- D. Medical evaluations of covered employees will take place in the years in which the Periodic Physical Examination is not scheduled. The Interim Medical Evaluation will include audiometric testing, a respirator questionnaire and a blood pressure determination. Additional testing, such as pulmonary function testing, may be conducted if indicated.
- E. Under this Program, chest X-rays are voluntary after the initial Pre-placement Examination unless the employee has experienced an occupational exposure that triggered the medical surveillance requirements of an OSHA standard. If an exposure does trigger the requirements of a standard, the schedule for chest X-rays established by that standard will be followed.
- F. The responsibilities of the Regional Office and the covered employees are more clearly defined (see paragraph XVIII).

VIII. Application.

- A. Covered Positions.
 - 1. General Application. This instruction applies OSHA-wide to positions in which there is reasonable anticipation of encountering physical, chemical and/or biological hazards. This includes employees whose duties require on-site inspections, on-site evaluations and/or on-scene emergency response functions. The OSHA Medical Examination Program application includes, but is not limited to, the following positions:
 - Student Trainee
 - Safety Specialist
 - Lead Safety & Occupational Health Specialist
 - Safety & Occupational Health Manager

Industrial Hygienist
Lead Industrial Hygienist
Safety Engineer
Lead Safety Engineer
Supervisory Safety Engineer
Compliance Assistance Specialists

Employees in these or similar job categories whose duties do NOT require on-site inspections, on-site consultations and evaluations, and/or on-scene emergency response functions are NOT covered by this Medical Examination Program.

2. Response Team Members. Members of Regional Response Teams and the Specialized Response Teams must meet the minimum medical/physical requirements of this program prior to Response Team assignment and for the duration of that assignment. They are required to complete the Periodic Physical Examinations and Interim Medical Evaluations specified under this instruction.
3. Trainees. Student trainees are covered under this instruction if their tenure with the Agency is expected to exceed a one-year period from their Pre-placement Examination.

B. Medical Evaluation.

1. Mandatory Examinations. All covered employees are required to complete the Periodic Physical Examinations and Interim Medical Evaluations as specified under this instruction.
2. Voluntary Examinations. Employees whose past work assignments with the Agency required them to make regular or occasional visits to industrial establishments where they may have been exposed to potentially toxic chemicals and/or biologic or physical hazards and whose job descriptions do not now require them to go into the field are eligible for a Voluntary Physical Examination every three years.

C. Purpose of Medical Evaluation.

1. Fitness for Duty. Medical evaluations under this Program are required in order for the Agency to determine if covered employees are physically and medically capable of performing the essential duties of the position efficiently and without posing a hazard to themselves or others.
2. Complying with OSHA Standards. Multiple OSHA standards require routine medical tests in order to monitor the health of employees who are reasonably anticipated to experience exposures to potentially hazardous substances or physical hazards and who must be physically

capable of safely utilizing personal protective equipment. Under this program, OSHA will comply with medical requirements of existing OSHA standards as they pertain to OSHA employees.

IX. Background.

- A. CSHO Medical Examination Program History. Prior to April 1987, OSHA did not have a standardized medical examination program for employees. Each Region developed and implemented a medical program for its respective employees and maintained authority over its operation. The contents and administration of these programs were subject to variation from one Region to another.

In order to establish a standardized agency-wide medical examination program and to comply with Office of Personnel Management (OPM) regulations and requirements, OSHA applied to OPM for a Single Agency Physical Examination Standard. This standard specified and justified the physical requirements that covered employees must meet as a condition of employment. The OSHA Single Agency Physical Examination Standard, approved by OPM in December 1985, was applicable to OSHA employees in certain job series and grades as well as to new employees hired for these positions.

The CSHO Medical Examination Program began in April 1987. The program required that all employees hired to specific positions meet the physical qualification standards as determined by a Pre-placement Examination. On March 31, 1989, OSHA Instructions PER 8-2.4 and PER 8-2.5 were implemented for all covered employees. PER 8-2.5 required that covered employees demonstrate requisite physical capabilities by participating annually in the CSHO Medical Examination Program.

Since implementation of the CSHO Medical Examination Program in April 1987, OSHA has maintained an interagency agreement with the Federal Occupational Health (FOH) component of the U.S. Public Health Service (PHS) to provide the Pre-placement, Annual and Voluntary medical examinations. This arrangement has provided OSHA with a single, nationwide provider of the medical services necessary to implement this Program.

- B. Medical Evaluation Requirements of OSHA Standards. Multiple OSHA standards require periodic medical evaluations to monitor the health of employees who have reasonably anticipated exposures to physical, chemical or biological hazards. These standards apply to employees who experience an action level of exposure to the hazard addressed by the standard. The OSHA standards that require medical evaluations are summarized in Appendix B.

C. Determination of Medical Evaluation Requirements.

This instruction establishes medical history and physical examination requirements based on specific characteristics of the affected positions. These requirements are consistent with the practices of other federal agencies and accepted public health practices. The medical evaluation requirements mandated by OSHA standards will continue to be applied to covered employees (Appendix B). This directive allows for flexibility and clinical judgment in determining the appropriate medical evaluation periodicity for each covered employee. Each employee will receive an annual examination and will receive a notification regarding the type of exam that will be performed the following year.

D. Protecting Employee Health & Safety.

Though the OSHA Medical Examination Program does change the frequency of the extensive medical questionnaire and physical examination, it provides a timely, annual occupational medicine evaluation for all covered employees. It is also aligned with current standards of occupational medicine and preventive medicine practices that are updated from the CSHO Medical Program. Appendix C summarizes the supporting logic for changes in the program.

X. Scheduling FOH Appointments. Mandatory Periodic Physical Examinations are provided to all employees in covered positions (see section VIII).

- A. Physical examinations and medical evaluations will be scheduled with FOH after OOM authorization.
- B. Examinations will be conducted during the employee's normal duty hours and will be provided free of charge to the employee.
- C. Whenever possible, appointments should be scheduled within 30 calendar days of OOM authorization and completed within 60 calendar days.
- D. Employees shall notify their supervisors and applicable clinic personnel at least 24 hours in advance if they are unable to attend the examination at the scheduled time.

XI. Definitions and Periodicity.

- A. Pre-placement Examination. A medical history and physical examination is required once for all applicants prior to assignment to a covered position and for all employees prior to transfer from a position not covered by this instruction into a covered position. Appendix D, Table 1 provides a list of the components of the Pre-placement Examination. Appendix E provides additional policy and procedural information related uniquely to Pre-placement Examinations.

B. Periodic Physical Examination. A mandatory medical history and physical examination for all covered employees (Appendix A).

1. Components. Appendix D, Table 1 provides a list of the components of the Periodic Physical Examination.
2. Frequency. The Periodic Physical Examination is required every three years until age 50, then every two years until age 65. After age 65 it is required annually.
3. Exceptions. The frequency of the Periodic Physical Examination, or parts of the examination, may be adjusted by the Office of Occupational Medicine based on the following factors:
 1. When the employee is determined to have medical conditions that warrant annual or biannual evaluations.
 2. When an employee exposure reaches an action level required in OSHA standards or another occupational exposure of concern.
 3. When a covered employee experiences a hospitalization, significant surgery, or period of medical restrictions exceeding one month since these situations may signal a need for more frequent or additional medical evaluations.
 4. When an employee's work assignments may require the use of a Self-Contained Breathing Apparatus (SCBA). In such cases, additional tests and more frequent medical evaluations may be required.
 5. When an employee has incomplete past medical evaluations. All incomplete evaluations must be completed prior to eligibility for a subsequent Periodic Physical Examination.

C. Interim Medical Evaluation. A mandatory medical evaluation for covered employees.

1. Components Included. Appendix D, Table 1 provides a list of the components of the Interim Medical Evaluation.
2. Frequency. An Interim Medical Evaluation will be conducted for all covered employees in the years in which a Periodic Physical Examination is not performed.
3. Exceptions. Incomplete past medical evaluations must be completed prior to eligibility for a subsequent Interim Medical Evaluation.

D. Voluntary Physical Examination. An optional medical examination

offered to employees whose past work assignments with the Agency would have required them to make visits to industrial sites where they may have been exposed to chemical, physical or biological hazards and whose current job descriptions no longer require them to perform field duties. These examinations provide continued medical surveillance for conditions with a long latency period.

1. Components Included. Appendix D, Table 1 provides a list of the components of the Voluntary Physical Examination.
2. Frequency. A Voluntary Physical Examination can be obtained every 3-years.
3. Scheduling. Voluntary Physical Examinations must be scheduled and completed during the fiscal year in which the exam was approved.

E. Self-Contained Breathing Apparatus (SCBA) Medical Clearance. A mandatory medical evaluation, performed in addition to the periodic and interim evaluations, that determines an employee's ability to safely wear Self-Contained Breathing Apparatus (SCBA).

1. Components Included. Appendix D, Table 1 provides a list of the additional medical services associated with SCBA clearance. Most significantly, SCBA clearance requires a cardiac stress test for employees age 40 or older. A cardiac stress test may be required for employees age 35 or older based on cardiac risk factors.
2. Frequency. The appropriate frequency for SCBA medical clearance renewal is individualized for each employee and is determined by a reviewing physician each time the medical evaluation is performed. The frequency is determined by the opinion of the reviewing physician, based on the individual's health risks and the Elements of Physical Examination and Medical Evaluations listed in Table 1 for SCBA Clearance (Appendix D). Individuals over 40 years of age must have a physical examination at least every two years. The SCBA clearance can be performed as part of the Periodic Physical Examination or the Interim Medical Evaluation.

XII. Additional Medical Information. In response to a physician's report resulting from either a Periodic Physical Examination or an Interim Medical Evaluation, OOM may require additional medical information to assess an employee's medical condition(s) before determining medical fitness to perform required duties. In these situations, OOM will notify, in writing, both the employee and the Regional Office that additional services are required. These additional tests and evaluations are considered a continuation of the scheduled examination/evaluation.

- A. Additional FOH Services. Either while still at the FOH clinic or subsequently, additional tests that are part of the regular services provided by FOH may be authorized by OOM. For example, a review of a respiratory protection questionnaire may reveal an issue that requires spirometry. Costs associated with these FOH services will be covered by the National Office through the FOH agreement.
- B. Medical Specialist Opinions. When a covered employee does not meet the established criteria for fitness for duty, but OOM is unable to render a medical opinion as to detailed aspects of the employee's fitness to perform his or her job functions, the employee and the Regional Office will be informed, in writing, that a specialist's medical evaluation, limited to the area(s) of concern, is required. The employee must comply with the written notification from OOM in a timely manner, usually within thirty (30) calendar days of employee receipt of the notification.
1. Selection of Consulting Physician. When the need for additional medical information requires the use of a medical specialist, after consultation with OOM regarding the appropriate specialty of the physician, the employee selects a qualified physician. The consulting physician should be board certified in the area of the potentially disqualifying condition (e.g., a cardiologist for cardiovascular conditions). The employee shall notify the Regional Office when an appointment has been scheduled.
 2. Payment for Consulting Physician and/or Additional Tests. Regional Offices are responsible for payment of the cost of medical specialist opinions and associated medical tests specified by OOM. Additional testing requested by a consulting physician must be approved by OOM prior to authorization for payment by the Agency. OOM will approve payment only for testing that is necessary for determining fitness for duty. If additional tests are completed, but are NOT approved by OOM, employees are responsible for payment. Employees should consult their administrative officers for guidance on how to arrange payment.
 3. Medical Specialist Opinion. The medical specialist's opinion will be used in reassessing the individual's medical qualifications for duty and in determining if specific tasks can be safely performed (e.g., using a negative pressure respirator, carrying 40 lbs. of equipment, driving, etc.). This medical information may be shared with FOH Reviewing Medical Officers (RMOs) or other contracted medical professionals, if needed, for future medical clearances. OOM will notify the employee and Regional Administrator (RA) or designee if there is any failure to meet medical requirements and will advise the RA regarding job restrictions as appropriate.

- C. Timeliness. When additional services are required, the employee must comply with the written notification from OOM in a timely manner, usually within thirty (30) calendar days of employee receipt of the notification. Communication with OOM is required to obtain an extension. If OOM has not received pertinent additional medical information within the agreed upon time, notice will be sent to the RA or his/her designee so that appropriate administrative action may be taken.

XIII. Incomplete Medical Examinations

When components of a mandatory medical examination or any additional examination are not completed as requested, OOM will notify the RA or designee that it is unable to render a medical opinion as to the fitness of the employee to perform his or her job functions. The RA or his/her designee will take appropriate administrative action to ensure that OSHA medical evaluations are completed.

XIV. Accommodations.

NOTE: The use of the term “accommodation” in this directive does not refer to “reasonable accommodation” under the law. See DLMS-4 Chapter 306 Reasonable Accommodation for Employees and Applicants with Disabilities.

- A. Overview. Upon notification that an employee does not meet one or more medical/physical requirements of his/her position, the Regional Administrator will consider an appropriate accommodation plan. The process of accommodating an employee involves job reassignment, job modification or job restriction. An employee’s job accommodation is designed to avoid the aggravation of an existing medical condition and to avoid placing an employee in an occupational situation that is unsafe due to the presence of one or more medical conditions. Only management may seek accommodation of employees under this program. Accommodation plans are proposed by RAs and are reviewed and concurred on by the National Office. Duty restrictions may be temporary, as in the case of a correctable condition, or they may be permanent. Accommodations for permanently restrictive conditions will be made on a case-by-case basis.
- B. Interim Work Restrictions. In order to ensure that employees are not put at risk between the time they are found not to meet one or more medical/physical requirements of their positions and final accommodation, Regional Administrators shall consult with OOM and put in place, within 10 working days of notification by OOM, temporary working restriction(s) limiting work assignments and/or working conditions until accommodations are finalized.
- C. Regional/OOM Consultation. The affected employee's supervisor, Area

Director, and/or RA shall confer with the OOM physicians to determine what restrictions or limitations should be placed on an individual employee. This will ensure that restrictions and limitations are pertinent to currently assigned duties and potential future duties.

- D. Request for Accommodation. The accommodation plan shall include the specific details describing how the employee will be accommodated (i.e., job restriction or job reassignment). The final terms of the accommodation plan proposals will be made by the RA. The RA shall forward the proposed accommodation plan to OOM.
 - E. Medical Review. A physician in OOM shall review the request to ensure that the terms of the accommodation plan are medically appropriate.
 - F. Coordination of Accommodation Plan. OOM will coordinate review and concurrence of the accommodation plan with OSHA's Human Resource Office, the Office of the Assistant Secretary, and the Director of Technical Support and Emergency Management. The purpose of the National Office review is to ensure national consistency of application. Accommodation requests will generally be reviewed on a monthly or bimonthly basis. OOM will notify Regional Administrators when their accommodation plans are scheduled for review. In order to expedite resolution of issues, Regional Administrators or their designees will be invited to join the meeting.
 - G. Limited Duty. This program does not change procedures that Area Offices are presently using to provide limited duty for an employee with a temporary condition such as a broken leg or pregnancy. If an adverse medical condition is correctable (i.e., hernia or high blood pressure), OSHA may require medical attention for that condition and establish a reasonable deadline by which time the condition must be corrected or controlled, in order to meet medical requirements.
- XV. Workers' Compensation and Other Employee Benefits. None of the policies or procedures in this instruction affects existing employee options or benefits for disability retirement, Workers' Compensation, and/or any other employment benefit programs.
- XVI. Medical Recordkeeping.
- A. Custody of Medical Records. Records of all evaluations provided under this program, whether mandatory or voluntary, are maintained by the OSHA Office of Occupational Medicine and are safeguarded in accordance with OPM, OSHA, and other Federal regulations (See OPM Regulations, 5 CFR 293, Subpart E ("Employee Medical File System Records") and 29 CFR 1910.1020).
 - B. Medical Records from FOH. Upon completion of the physical

examination or medical evaluation, FOH shall forward to the Office of Occupational Medicine each applicable employee's complete medical record. The envelope shall be marked CONFIDENTIAL and the package shall include:

1. Completed medical/occupational history forms including OSHA-179 form.
2. Completed physical examination forms, including the OSHA-178 form.
3. All laboratory, audiometric, visual, EKG, skin test and other medical test results.
4. Chest X-ray (radiograph and interpretation)
5. Pulmonary function test.

C. Results of Periodic Physical Examination. FOH should send each employee a copy of his/her medical examinations within two weeks of each examination or evaluation. If the employee does not receive a timely report, he/she should follow-up with the FOH Health Center where the examination was performed.

D. Request for Medical Records for Current Employees.

1. Records Less than One Year Old. Medical records that are less than one year old may be obtained from the Federal Occupational Health Center at which the examination was conducted or from the Director of OOM (see below).

2. Records One Year Old or Older. Requests for copies of medical records that are more than one year old must be directed, in writing, to the Director of OOM.

1. Requests should include the following:

- Dates of examinations for which records are being requested;
- Full name and date of birth of the OSHA employee submitting the request;
- Home address and phone number to allow for express mailing;
- Work phone number; and
- An original signature of the OSHA employee whose records are being requested.

2. Requests may be directed to OOM by mail or by fax:

US Department of Labor – OSHA
Office of Occupational Medicine - N3653
200 Constitution Avenue, NW
Washington, DC 20210

Secure Fax: (202) 693-1647

- E. Disposition of Medical Records for Former Employees. Hard copies of an OSHA employee's records and records for former OSHA employees will be located in an Employee Medical Folder (EMF) and stored in the Federal Records Center operated by the National Archives and Records Administration (NARA) for a period of 30 years after employment in accordance with OSHA standard 20 CFR 1910.20.
- XVII. Payment for Costs Associated with this Program.
- A. FOH Services. Payment for all medical services at Federal Occupational Health (FOH) Clinics is made under the provisions of the Interagency Agreement between OSHA and FOH.
 - B. Medical Specialist Opinions.
 - 1. Regional Offices are responsible for payment of the cost of specialist medical opinions and medical tests requested by OOM as necessary for fitness-for-duty decisions.
 - 2. Additional testing requested by a consulting physician must be approved by OOM prior to authorization for payment by the Agency. OOM will approve payment only for additional testing that is necessary for determining fitness for duty. If additional tests are completed, but are NOT approved by OOM, employees are responsible for payment. Employees should consult their administrative officer for guidance on how to arrange payment.
 - C. Vision Related Expenses.
 - 1. Specialist Examinations. Costs for specialist vision examinations when requested by OOM will be reimbursed by the Regional Office if no new corrective prescription is needed. If a new corrective prescription is needed, the cost of the examination and corrective eyewear will be the responsibility of the employee.
 - 2. Prescription Safety Glasses. Employees may apply to the Region to provide an allowance for prescription safety glasses.
 - D. Hearing Aids. Employees must pay for hearing aids.
 - E. Travel Costs. Employee transportation costs associated with this program will be paid as allowed in DOL Manual Series, Book 7 (DLMS-7), Travel Management.
- XVIII. Responsibilities.

- A. Regional Office. RAs and Area Directors are responsible for:
1. Implementing the OSHA Medical Examination Program mandated by this instruction.
 2. Ensuring that mandatory Periodic Physical Examinations, Interim Medical Evaluations, and requisite follow-up evaluations are completed in a timely manner. Periodic Physical Examinations and Interim Medical Evaluations should be scheduled within 30 calendar days of OOM authorization and completed within 60 calendar days of OOM authorization.
 3. Providing OOM with annual updates of employees who receive mandatory medical evaluations, those who receive voluntary examinations, those who receive SCBA examinations, and those who have retired or separated since the last medical evaluation.
 4. Providing employees in the OSHA Medical Examination Program with appropriate forms to complete prior to their appointments at the FOH Health Centers.
 5. Notifying OOM when the RA or his/her designee becomes aware of an employee exposure that reaches an action level of an OSHA standard or another occupational exposure of concern.
 6. Regional Administrators or their designees are encouraged to notify OOM of hospitalizations, significant surgeries, or periods of medical restrictions exceeding one month, since these situations may indicate a need for alteration of duties and/or more frequent medical evaluations.
 7. Advising employees regarding the type of respirator (disposable filtering face piece, negative pressure, powered air-purifying (PAPR), SCBA, full-face or half-face) for which medical clearance is needed so that the employees can complete the Respirator Medical Evaluation Form accurately.
 8. Notifying individuals who have failed to meet medical requirements specified under this instruction and initiating appropriate administrative action, as needed, to safeguard employees, e.g., initiating a request for accommodation or reassignment. This will include putting in place, within 10 working days of notification that an employee does not meet the medical and/or physical requirements of their positions, appropriate temporary working restriction(s) limiting work assignments and/or working conditions until a permanent accommodation plan is approved.
- B. Office of Occupational Medicine. The Directorate of Technical Support and Emergency Management (DTSEM) and the Office of Occupational

Medicine (OOM) are responsible for:

1. Negotiating and securing the national contract to provide the medical examinations required under this program. DTSEM, as the Agency's representative, shall resolve any problems that arise regarding the administration of the Federal Occupational Health contract.
2. Providing Regional Office personnel with an annual list of employees who receive mandatory medical evaluations, those who receive voluntary examinations, and those who receive SCBA examinations and requesting that Regional personnel update the list as needed.
3. Notifying Regional Office personnel when covered employees are authorized to complete their physical examinations and when employees must submit additional medical information to OOM.
4. Reviewing all medical opinions and test results for accuracy, consistency and applicability to medical clearance determinations.
5. Advising employees of current medical conditions that may, if untreated, result in future failure to meet medical requirements.
6. Reviewing requests and authorizing payment for additional specialist medical examinations or additional testing when needed for employee medical clearance decisions.
7. Providing fitness-for-duty decisions to RAs in a timely manner.
8. Reviewing RA requests for accommodation and providing medical recommendations to the RA and National Office reviewers regarding appropriate alteration of duties for each applicable employee.
9. Ensuring that all procedures for review and handling of OSHA medical records are in accordance with 29 CFR 1910.1020 and 5 CFR 293, Subpart E. These requirements include the establishment and maintenance of a confidential storage and retrieval system for individual medical records.
10. Maintaining a database that tracks the status of medical clearances for employees who fail to meet medical requirements.
11. Ensuring that FOH abides by the interagency agreement.
12. Participating in an annual evaluation of FOH service quality to improve the quality of FOH services obtained.
13. Processing requests for copies of medical records (See Section XVI.D.)

C. Directorate of Administrative Programs (DAP).

1. DAP and the Human Resource Office is responsible for:
 1. Providing guidance and assistance to the Regions and DTSEM/OOM for the administration of this program.
 2. Reviewing and concurring with accommodation plans under this directive.
2. Providing Funds For Medical Services. DAP will make funds available:
 1. For the OSHA Medical Examination Program through an Interagency Agreement with FOH.
 2. To Regional Administrators for the cost of medical specialist opinions and medical tests approved by OOM as necessary for fitness-for-duty decisions.

D. Office of the Assistant Secretary (OAS). The OAS or its designee is responsible for reviewing and concurring with accommodation plans under this directive. In the event that the OAS or designee does not initially concur with a proposed accommodation plan, the OAS or designee is responsible for working with Regional Office personnel to develop an accommodation plan that is medically appropriate as well as consistent with other employee accommodations.

E. Covered Employees. Covered employees are responsible for:

1. Completing the requirements of the Medical Examination Program in a timely manner and providing any requested additional medical information to OOM in a timely manner.
2. Providing requested medical specialist opinions within 30 days. When necessary, requesting an extension of time from OOM.
3. Notifying management of any situation in which the employee experiences an exposure that reaches an action level of an OSHA standard or another occupational exposure of concern.
4. Completing all required forms and bringing them to the FOH Health Center on the day of the first appointment. Required forms include:
 - Periodic Physical Examinations: OSHA -178 and 179. Covered employees must complete the OSHA Medical Program – Employee History, OSHA-179, in its entirety. The OSHA Medical Program – Physician’s Report, OSHA-178,

will be completed by the examining physical, but must be brought to the FOH Health Center along with the completed OSHA-179. See Appendix G.

- Interim Medical Evaluations: FOH 22. All covered employees must complete the OSHA Respirator Medical Evaluation Questionnaire (FOH 22) through line 4 on page 7 except questions 10-15 on page 3. Those employees required to use a full-face respirator or SCBA must also complete questions 10-15 on page 3. The completed FOH 22 must be taken to the FOH Health Center on the day of the first appointment. See Appendix H.
5. Notifying their supervisors and applicable clinic personnel at least 24 hours in advance if they are unable to attend the examination at the scheduled time.
 6. Notifying the Regional Office when a required appointment for a medical specialist opinion has been scheduled.
 7. Reporting concerns about the FOH examination procedure to the OOM nurse coordinator.
 8. Payment for prescription eyewear and hearing aids:
 1. Eyewear: If the results of an OOM requested specialist vision examination determine that a new corrective prescription is needed. (Employees may apply to the Region to provide an allowance for prescription safety glasses.)
 2. Hearing Aids. Employees will pay for hearing aids.
 9. Directing requests for medical records to the appropriate organization as defined in paragraph XVI of this instruction.

Appendix A

OSHA Medical Examination Program: Single Agency Qualification Standard

I. Purpose.

OSHA personnel conduct on-site inspections, on-site evaluations and/or on-scene emergency response functions at industrial establishments to observe and evaluate conditions to which employees are exposed. During these inspections, OSHA employees may be exposed to potentially hazardous situations and substances. The application of a single medical requirements standard to all affected employees ensures that the health of OSHA employees will be at a level that permits them to perform job-related assignments safely, effectively, and without hazard to themselves or others.

II. Rationale for the Necessity of Physical Requirements. The following is a general description of the physical requirements of the positions affected by the OSHA Medical Examination Program.

- A. The duties of these positions require employees to perform under conditions that vary from sedentary to maximum exertion. Normal working conditions also require the employee to perform in a reliable manner under adverse conditions. Employees examine and report on potentially hazardous worksite conditions. This may include working at heights, underground, in confined spaces, in poorly lighted facilities, in emergency situations, and work in environments with chemical, physical, and biological hazards which are regulated by the OSH Act.
- B. Many of the hazards that OSHA employees may face are regulated by established OSHA standards which require the use of personal protective equipment and/or routine medical monitoring. The proper use of personal protective equipment requires an evaluation of the wearer's ability to utilize the equipment safely and without adverse effect to the wearer's health. Adverse conditions sometimes occur unexpectedly, while others are anticipated and appropriate steps can be taken in an orderly and controlled manner to protect oneself and safely leave the hazard area.

III. Medical Examinations.

- A. Before assuming duty and routinely during employment, applicants and employees in affected positions must undergo a medical examination and be physically and medically capable of performing the essential duties of the position efficiently and without hazard to themselves or others.

- B. Routine medical evaluations serve to monitor the employee's health status to ensure that he or she maintains physical capabilities to meet the qualifications of his/her position. In addition, routine medical surveillance uncovers conditions which may develop as a result of occupational exposures which have long latency periods for symptom development.
- C. Failure to meet the physical and medical requirements of Pre-placement Examinations will be considered to disqualify an employee for a covered position.
- D. Failure to meet the physical and medical requirements of Periodic Physical Examinations will be considered disqualifying, except when there is sufficient evidence that individuals can perform the essential functions of the job efficiently and without risk to themselves or others, with or without appropriate accommodation.

IV. Medical Examination Parameters.

A. Vision.

1. Physical Requirement. Distant visual acuity must be at least 20/40 in each eye separately, with or without corrective lenses. Distant binocular acuity must be at least 20/40 with or without corrective lenses. Near visual acuity must be at least 20/40 in each eye separately, with or without corrective lenses. Near binocular acuity must be at least 20/40 with or without corrective lenses. Field of vision must be 85 degrees in the horizontal meridian in each eye. The ability to distinguish the colors red, amber, and green is required for the Pre-placement examination.
2. Work Activity. Routinely assigned to areas where: the reading of comprehensive literature is necessary; both near and far visual acuity are necessary for hazard recognition; potentially life-threatening environments exist (therefore, accurate reading of personal protective equipment labeling is required); color coded warning signs represent hazardous conditions; routine utilization of finely calibrated equipment.
3. Rationale. OSHA employees inspect workplaces where potential safety and health hazards exist or can spontaneously occur. Once these hazards occur, inspection personnel must be capable of determining what actions are appropriate in order to safeguard the safety and health of themselves and others. These actions will always require both near and far visual acuity. For example, employees may need to quickly ascertain the condition of a respirator for use in the case of an emergency egress situation. (This requires reading finely calibrated air gauges.) While making routine inspections, a compliance officer may

encounter situations where full field of vision will be necessary in order to avoid a serious accident. For example, while working on high scaffolding, it may be necessary to rapidly descend. Normal field of vision is necessary to perform this activity safely.

B. Hearing.

1. Requirement. Average hearing loss in the better ear cannot be greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz, with or without a hearing aid.
2. Work Activity. Covered employees are routinely assigned to areas where a broad spectrum of physical hazards exists, including environmental noise levels above 90 decibels.
3. Rationale. It is important that a covered employee maintain adequate auditory acuity to communicate and give instructions in a noisy environment. During the course of daily activities, it is important for employees to hear instructions and communications in order to ensure safety. A greater than 40 decibel loss of auditory acuity in the speech frequencies in the better ear may interfere with the employee's ability to communicate under noisy conditions.

C. Musculoskeletal.

1. Requirement. Employees must have: The functional use of both hands, arms, legs, and feet; No impairment of the use of a leg, a foot, an arm, a hand, the fingers, back or neck which would most likely interfere with the functional requirements of this position; No established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which would interfere with the ability to perform the functional requirements of this position.
2. Work Activity. A covered employee is required to perform moderate lifting, carrying, walking and standing. A covered employee will routinely be required to ascend or descend heights in order to safely egress from a potentially hazardous area. During routine activities, a covered employee must carry portable scientific equipment.
3. Rationale. It is imperative that a covered employee have no impairment of the hands, arms, legs, feet, back or neck which would prevent performing the functional requirements of moderate lifting, carrying, reaching above the shoulder, standing, walking and climbing. An established medical history of arthritis or muscular pathology that would interfere with these functional requirements could cause a potentially hazardous situation in the workplace.

D. Cardiopulmonary.

1. Requirement. No current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, atherosclerosis, thrombosis, or any other cardiovascular or cardiopulmonary disease that would likely cause syncope, dyspnea, collapse, or cardiac failure. No established medical history or clinical diagnosis of cardiac or respiratory dysfunction likely to interfere with the ability to wear a respirator.
2. Work Activity. A covered employee will routinely be required to: perform moderate lifting, carrying, walking and standing; ascend or descend heights in order to safely egress from a potentially hazardous area; wear a negative pressure air-purifying respirator; operate a motor vehicle, including a 4-wheel drive vehicle.
3. Rationale. Since covered employees may need to rapidly egress from heights or depths, it is imperative that no established medical history of significant cardiac or pulmonary disease exists. It is known that carrying heavy equipment while ascending or descending great heights places an excess burden on the cardio-pulmonary system. Therefore, it is imperative that the cardio-vascular system be without significant pathology. Since a covered employee is required to wear a negative pressure respirator, it is imperative and required by OSHA standard 1910.134 that a physician medically qualifies the employee to wear such a respirator. It is known that pre-existing cardiac or respiratory disease can prevent an individual from wearing such a respirator.

E. General Medical.

1. Requirement. No diagnosis of a medical condition that is likely to cause significantly impaired performance or sudden incapacitation, e.g., uncontrolled seizures, use of prescription medication that causes significant sedation, or other significant impairment. When the consensus expert opinion in OOM determines that, for a given individual, the sedative properties of that employee's required medication poses an unacceptable risk, the employee will not receive full medical clearance. Appropriate job restrictions will be considered. This does not apply to use of over-the-counter medications.
2. Work Activity. Covered employees work in locations with known physical, chemical and biological hazards. Covered employees often work alone in isolated locations, may be required to work at heights, and often drive for long periods of time in the course of their duties.
3. Rationale. Covered employees must work in an environment where sudden incapacitation might endanger themselves or others. Therefore, covered employees must be free of known medical conditions that are

anticipated to cause significantly impaired performance or sudden incapacitation.

Appendix B

Medical Evaluation Requirements of OSHA Standards

Certain OSHA standards have medical surveillance requirements at prescribed intervals. For example, the Occupational Hearing Conservation standard (29 CFR 1010.95) requires an annual audiogram for employees who experience occupational noise exposure at or above the action level of an 8-hour time-weighted average of 85 decibels. For most hazard exposures for which the standard requires periodic medical surveillance, medical surveillance is required on an annual basis and thus will exceed the standard frequency of the Periodic OSHA medical examinations which occurs at three-year intervals.

Following are brief summaries of the medical surveillance/medical monitoring requirements for each standard, as they might pertain to the duties of OSHA covered employees. These summaries do not include specific details from the standards such as on which organ systems the physician or licensed healthcare provider must focus when obtaining the medical histories or performing the physical examinations.

Acrylonitrile 29 CFR 1910.1045: For exposures to acrylonitrile at or above the action level of 1 ppm as an 8-hour time-weighted average, this standard mandates a medical and work history and a complete physical examination, a 14 x 17 inch postero-anterior chest radiograph and a fecal occult blood test for employees 40 years of age or older at the time of the work assignment and at least annually thereafter if the exposure continues. The standard denotes organ systems and non-specific symptoms to which particular attention is to be paid during the taking of the histories and performance of the physical examination.

Asbestos (Construction and Shipyards) 29 CFR 1926.1101(m) and 29 CFR 1915.1101(m): These standards require a medical and work history, physical examination, pulmonary function test at least annually for exposures at or above the Permissible Exposure Limit (PEL) for 30 or more days a year or exposed above the Excursion Limit.

Asbestos (General Industry) 29 CFR 1910.1001: When exposed at or above the PEL or above the Excursion Limit, the employee is required to complete a standardized questionnaire (from Appendix D of the standard) and have a physical examination annually. A postero-anterior view chest radiograph of 14 X 17 inches is to be done based on length of employment and age of the employee. This film is to be read by a B-reader.

Benzene (General Industry, Construction and Shipyards, respectively) 29 CFR 1910.1028, 29 CFR 1926.1129, 29 CFR 1015.1028: For employees exposed at or above the action level for 30 or more days per year or at or above the PEL for 10 or more days per year, these standards require initial and annual medical and work

histories and physical examinations and a complete blood count with differential and quantitative platelet count. Employees who must wear respirators 30 or more days per year are required to have a pulmonary function test at least every 3 years under these standards.

1,3-Butadiene 29 CFR 1910.1051: Employees exposed at or above the action level for 30 or more days per year or at or above the PEL on 10 or more days per year or at or above the Short-term Exposure Limit (STEL) on 10 or more days per year should have an annual health questionnaire (from Appendix C of the standard or its equivalent), an annual complete blood count with differential and platelet count, and a physical examination at least every 3 years. The physical examination should be done more often if advised by the physician or other licensed healthcare professional (PLHC) who reviews the questionnaire and the results from the blood test.

Cadmium (General Industry, Construction, Shipyards and Agriculture, respectively) 29 CFR 1910.1027, 29 CFR 1026.1127, 29 CFR 1915.1027 and 29 CFR 1928.1027: Employees who experience exposure to Cadmium at or above the action level for 30 or more days during any 12 consecutive months should have medical surveillance provided at the intervals required under the standards. Surveillance includes initial and periodic medical and work histories and examinations, chest radiographs, pulmonary function tests, blood tests, urinalysis and biological monitoring tests which include urine test for cadmium and Beta-2 microglobulin and a blood test for cadmium. The first periodic medical surveillance shall be provided within one year after the initial examination and then, at a minimum, biennially.

Carcinogens 29 CFR 1910.1003, 29 CFR 1926.1103, 1915.1003: This group of standards for general industry, construction and shipyards, respectively, require an annual medical and work history and physical examination for employees who must enter, as part of their assigned work, regulated areas at worksites where any of the 13 chemicals identified as carcinogens are manufactured, processed, repackaged, released, handled or stored.

Chromium (VI) (General Industry, Construction and Shipyards, respectively): 29 CFR 1910.1026, 29 CFR 1926.1126, 29 CFR 1915.1026: These standards require initial and annual medical history and physical examination for employees with exposure at or above the action level for 30 or more days per year.

Coke Oven Emissions 29 CFR 1910.1029: For employees who are in the regulated area for at least 30 days per year, the employer shall provide initial and annual medical and work histories, a postero-anterior view chest radiograph, a pulmonary function test, weight, physical examination of the skin, a urinalysis and urine cytology test.

Compressed Air 29 CFR 1926.803: Medical surveillance requirements for this standard were not included in this summation because it is unlikely that OSHA covered

employees will enter a compressed air environment.

Cotton Dust 29 CFR 1910.1043: This standard requires annual medical surveillance for employees exposed above the action levels set for cotton dust. Biennial surveillance is required for those employees exposed below the action levels. The surveillance consists of a medical history plus a questionnaire from Appendix B of the standard and pulmonary function testing. Surveillance frequency is increased to every six months for employees with specific pulmonary function test findings described in the standard.

1,2-Dibromo-3-chloropropane (DBCP) (General Industry, Construction and Shipyards) 29 CFR 1910.1044, 29 CFR 1926.1144, 29 CFR 1915.1044: initial and annual medical and work histories, physical examination, blood serum test for FSH, LH, total serum estrogen (in female employees) and a sperm count (in male employees) are required for employees who work in regulated areas with occupational exposure to DBCP.

Ethylene Oxide 29 CFR 1910.1047, 29 CFR 1926.1147 (General Industry and Construction): For employees exposed at or above the action level for 30 or more days per year, the standards require initial and annual medical and work histories, physical examinations and a complete blood count with differential.

Formaldehyde (General Industry, Construction and Shipyards): 29 CFR 1910.1048, 29 CFR 1926.1148, 29 CFR 1915.1048 – The standards require medical and work histories initially and annually and physical examinations at the discretion of the physician based on review of the medical history of employees with exposure to formaldehyde at or above the action level or exceeding the STEL. An annual physical examination is mandated for those employees who are required to wear a respirator. This evaluation must include a yearly pulmonary function test.

Hazardous Waste Operations and Emergency Response (General Industry and Construction) 29 CFR 1910.120, 29 CFR 1926.65: The standard requires an annual or biennial medical and work history and physical examination for employees exposed to hazardous substances at or above the PEL, or if there is no PEL, at or above the published exposure levels for 30 or more days a year.

Inorganic Arsenic (General Industry, Construction and Shipyards) 29 CFR 1910.1018, 29 CFR 1926.1118, 1915.1018: For employees with exposure above the action level for 30 or more days per year, an initial and annual medical and work history and physical examination. The examination shall include a postero-anterior view chest radiograph of 14 X 17 inches in size.

Lead (General Industry and Shipyards) 29 CFR 1910.1025, 29 CFR 1915.1025: These standards require medical surveillance for employees exposed above the action level for more than 30 days per year. The minimum requirements, if the blood lead level is less than 40 µg/100 g, include: ZPP and blood lead levels every six months, initial and annual medical and work history, physical examination, the

aforementioned blood tests plus a hemoglobin and hematocrit, red blood cell indices, a peripheral blood smear with analysis of morphology, BUN, creatinine, urinalysis with microscopic examination.

Lead (Construction) 29 CFR 1926.62: This standard requires an initial ZPP and blood lead level for any employee who will be exposed on any day to lead at or above the action level. It also requires medical surveillance for employees exposed at or above the action level for more than 30 days in any consecutive 12 months. The minimum medical surveillance consists of an annual medical and work history; physical examination plus tests including the blood lead level and ZPP; a hemoglobin, hematocrit, red blood cell indices; analysis of a peripheral blood smear for morphology; BUN, creatinine, and urinalysis with microscopic examination. The blood lead level and ZPP are to be repeated every 2 months for the first six months and then every 6 months if the blood lead level remains below 40 µg/dl. For employees whose blood lead levels are at or above 40 µg/dl, the frequency of required tests is stated in the standard.

Methylene Chloride (General Industry and Construction) 29 CFR 1910.1052, 29 CFR 1926.1152: Periodic medical surveillance is required for employees with exposures at or above the action level on 30 or more days per year or above the PEL on 10 or more days per year or above the STEL on 10 or more days per year or through employee request after a physician finds health conditions for which methylene chloride exposure puts the employee at increased risk. The medical surveillance consists of annual updates of medical and work histories and, for employees 45 years of age or older, annual physical examinations; employees less than 45 years of age are to have physical examinations every 36 months.

Methylenedianiline (General Industry and Construction) 29 CFR 1910.1050, 29 CFR 1926.60: These standards require medical surveillance for employees with exposures at or above the action level for 30 or more days per year or dermal exposure for 15 or more days per year. The surveillance includes annual medical and work histories for issues pertinent to methylenedianiline exposures, physical examination, blood tests for liver functions, and a urinalysis. Medical surveillance is required for emergency exposures.

Occupational Noise Exposure 29 CFR 1910.95: This standard requires surveillance for noise-induced hearing loss. The surveillance consists of a baseline and annual audiogram for employees with noise exposure at or above an 8-hour TWA of 85 decibels. If the annual audiogram shows a standard threshold shift, the employer may have the audiogram repeated within 30 days.

Respiratory Protection (General Industry and Construction) 29 CFR 1910.134, 29 CFR 1926.103: These standards require administration and evaluation of a mandatory medical questionnaire prior to fit testing or respirator use. If any of the answers to questions 1 to 8 in Part A, Section 2 of the questionnaire are positive, a medical examination is required. There is no mandated periodicity for use of a respiratory questionnaire or medical examination. The standards state situations that trigger

the requirement for repeat medical evaluations for respirator use.

Vinyl Chloride (General Industry and Construction) 29 CFR 1910.1017, 29 CFR 1926.1117: According to these standards, employees exposed in excess of the action level are required to have a medical and work history, a physical examination, blood tests for total bilirubin, alkaline phosphatase, SGOT, SGPT and GGT on an annual basis, and every six months if over 10 years of exposure. Each employee exposed in an emergency shall be afforded appropriate medical surveillance.

Appendix C

Protecting Employee Health and Safety

The primary goals of the OSHA Medical Examination Program are to determine fitness-for-duty and to provide medical surveillance for occupational exposures, as indicated. The intent of this Program is to assure that OSHA covered employees are physically able to safely perform assigned duties. In addition, the Program provides limited health promotion services that do not replace the need for personal health care. Employees are encouraged to share examination results with their personal physicians.

Annual Evaluations. All covered employees will receive annual medical evaluations (either in the form of a Periodic Physical Examination or an Interim Medical Evaluation) that include, at a minimum, medical surveillance for noise and medical clearance for respirator use. Employees' occupational exposures that may require additional medical procedures/evaluation, for example, prior silica or asbestos exposure warranting chest x-ray with B-reading, are evaluated as part of the Periodical Physical Examination and whenever management reports to OOM a potential exposure that reaches an action level of an OSHA standard or another occupational exposure of concern. The periodicity of these examinations and evaluations aims to improve the timeliness of medical evaluations and of any accompanying recommendations for alterations in duty, designed to protect employees.

Periodicity. This Program also reduces unnecessary testing for employees who are not likely to benefit from annual, in-depth medical examinations, while maintaining and updating recommended health safeguards. Unnecessarily frequent examinations may lead to false positive results, additional unnecessary testing, anxiety and cost. The age-based frequency for completing comprehensive physical examinations in this Program is consistent with current occupational medicine practices. No other federal agency is known to currently perform annual comprehensive physical examinations for all employees in medical programs. However, when clinically indicated for OSHA covered employees with significant health conditions, the frequency of medical screening will be adjusted, and some employees will continue with comprehensive annual physical examinations. See the Table, below, for frequencies of physical examinations conducted on inspectors in other federal agencies.

Regulatory Requirements: The implementation of an annual interim examination that includes a hearing conservation program in accordance with the Occupational Noise Exposure standard 29 CFR 1910.95, annual medical clearance for respirator usage (29CFR 1910.134), and interim tuberculosis screening according to need ensures that all covered employees receive appropriate occupational medical surveillance. Because OSHA employees are not reasonably anticipated to encounter other occupational hazards that meet action levels for medical surveillance, they are not required or recommended to receive additional annual medical surveillance.

Preventive Medical Services: The schedule of physical examinations in the OSHA Medical Examination Program is also consistent with current public health standards of practice for preventive medical services. Public health guidelines that address periodicity

recommendations for the general public no longer recommend an annual comprehensive medical history and physical examination. In 1984, the US Public Health Service commissioned the United States Preventive Services Task Force (USPSTF) to develop recommendations for clinicians on the appropriate use of preventive services such as examinations, screening tests, counseling, chemoprophylaxis and immunizations (<http://www.ahrq.gov/clinic/uspstfix.htm#pocket>). The latest USPSTF recommendations and a medical literature search were referenced to ensure that currently recommended preventive medicine services are included in the OSHA Medical Examination Program described in this directive. The updated periodicity recommendations for medical evaluations in this directive address many, but not all, public health recommendations for preventive medical services. Recommended preventive services not covered by the OSHA Medical Examination Program should be obtained through each employee's personal health care provider.

Interval (in years) Between Full Medical Examinations for Federal Field Inspectors by Age and Job Title					
AGE	OSHA Inspector s¹	MSHA Mine Inspector (not mine rescue)²	EPA Clean Air Inspector ³	FDA⁴ Consumer Safety Officer Investigator⁵	DOI Surface Mining Reclamation Specialist⁶
< 50	3	3	2	Not required	3
50 - 64	2	3	2	Not required	3
=> 65	1	3	2	Not required	3

¹ OSHA. Occupational Safety and Health Administration. OSHA Medical Examination Program, 2009.

² MSHA. Mine Safety and Health Administration. Administrative Policy and Procedures Manual, Volume IV, Chapter 1000, 2005.

MSHA. Mine Safety and Health Administration. Personal communication: Physical Examination Team Leader and Occupational Physician. (5/14/08)

³ EPA. Environmental Protection Agency, Order number 1460.1. Occupational Medical Surveillance Program. 1996.

EPA. Environmental Protection Agency. Personal communication: Dallas Regional Office Health and Safety (6/08), Chief of EPA SHEMD Policy Programs and Oversight Branch. (7/3/08)

⁴ FDA Consumer Safety Officer Inspectors who use respirators are required to have federal occupational health medical evaluations for respirator use at 1-3 year intervals. This includes a questionnaire, vital signs, and pulmonary function tests. Using a respirator is not mandatory.

⁵ FDA. Food and Drug Administration. Statement of Physical Ability to Perform CSO and CSI Duties: Instructions to Agency. 1998.

FDA. Personal interview with Supervisory Consumer Safety Officer, New England Area, and the FDA Office of Regulatory Affairs Safety and Occupational Health Manager, Rockville, Md. (7/3/08)

⁶ DOI. Department of Interior. Individual Occupational Requirements for GS-1801: Surface Mining Reclamation Specialist. *Operating Manual for Qualification Standards for General Schedule Positions*. IV-B. 225, 1998.

DOI. Department of Interior. Personal communication with Assistant Director, Finance and Administration Directorate, Land and Minerals Management, 6/30/08.

Appendix D

Components of Medical Examinations

(Based on the Office of Personnel Management
Single Agency Qualification Standard)

- I. General. The medical examination required herein will be conducted by a physician experienced in occupational medicine, preferably by a physician who is a member of the American College of Occupational and Environmental Medicine. The examining physician or institution will provide special instructional material (such as necessary fasting periods or special eating instructions) to OSHA management which will in turn provide this information to the examinee prior to the Periodic Physical Examination.
- II. Medical History. Review of the employee's history must be conducted in regard to personal and family medical history and a work history including occupational exposures to chemical and physical hazards.
 - A. Required Forms. Covered employees shall complete either the *OSHA Medical Program – Physician's Report (OSHA-179)* and *OSHA Medical Program – Employee History (OSHA-178)* or the *OSHA Respirator Medical Evaluation Questionnaire (Mandatory) (FOH-22)* and provide them to the physician prior to the examination. Both are multi-page forms for recording the affected OSHA employee's medical and occupational history.
 - B. Discussion with Physician. There shall be an examining room discussion between the employee and the physician regarding medical history, with special attention given to the questionnaire on hazardous occupational exposures.
- III. Specific Examination Tests and Requirements. The physical examination should include, but not be limited to, a review of the following: head and neck, including visual tests, an examination of the eyes, ears, nose and throat, an examination of the respiratory, cardiovascular and central and peripheral nervous systems, an examination of the abdomen, a voluntary examination of the rectum and genito-urinary system, an examination of the spine and other musculoskeletal systems, and an examination of the skin. Specific tests/measurements to be obtained include:
 - A. Height and weight.
 - B. Temperature, pulse, respiration rate, blood pressure.
 - C. Eye examination, including:

1. Visual acuity, near and far.
 2. Accommodation.
 3. Field of vision.
 4. Fundoscopic exam.
- D. Cardiopulmonary evaluation, which shall include the following:
1. Resting twelve-lead electrocardiogram with interpretation.
 2. Pulmonary Function Evaluation:
 - a. FVC, FEV1, FEV1/FVC ratio.
 - b. Permanent record of flow curves must be included in the patient's report.
 3. Tuberculin skin test (TST) - a 2-step TST for all Pre-placement examinations. A TST is offered yearly to employees who have had on-the-job exposure to active TB.
 4. Chest X-ray (PA) 14 x 17 inches
 - a. Required for all Pre-placement examinations.
 - b. Unless an employee's occupational exposure (see Appendix B) reaches the action level at which medical surveillance is required, follow-up chest x-rays are voluntary. Chest X-rays and B-read examinations will be offered at the 10 year anniversary of employment, then every 6-10 years, depending on exposure history.
- E. Comprehensive laboratory profile, including:
1. Urinalysis (including microscopic if indicated).
 2. Fecal occult blood test - optional unless employee has had exposure at or above the action level to Acrylonitrile (see Appendix B and 1910.145).
 3. CBC (complete blood count).
 4. Test groups (done after 12-hour fast):
 - a. Chloride
 - b. Sodium
 - c. Glucose
 - d. Blood urea nitrogen
 - e. Creatinine
 - f. LDH, AST, GGT, ALT
 - g. Alkaline phosphatase
 - h. Bilirubin

- i. Total protein
- j. Albumin and globulin
- k. Lipid Panel, including Triglycerides
- l. Potassium
- m. Calcium
- n. A blood lead when there is a history of lead exposure within the last 12 month

F. Audiometric Testing will be done in accordance with the OSHA Hearing Conservation Program, PER 04-00-004, 06/23/08.

IV. Tests and Requirements for Examinations/Evaluations. See Table 1 for a delineation of the specific tests and requirements of the Pre-placement Examination, the Periodic Physical Examination, the Interim Examination, the Voluntary Physical Examination, and the special requirements associated with SCBA medical clearance.

Table 1

Elements of Physical Examinations and Medical Evaluations				
	Pre-placement Examination	Periodic Physical Examination (PPEXam)	Interim Medical Evaluation ¹	SCBA Clearance ²
Questionnaire				
OSHA Medical Program – Physician’s Report (OSHA-178)	Required	Required		
OSHA Medical Program – Employee History (OSHA-179)	Required	Required ³		
OSHA Respirator Medical Evaluation Questionnaire (FOH-22)			Required	Required if > 6 months since

¹ Abnormalities discovered during this abbreviated examination may warrant a comprehensive physical examination. Therefore, a full Periodic Physical Examination may be performed as directed by an OOM physician.

² These tests are in addition to the requirements of the Periodic Physical Examination or Interim Medical Evaluation that is being performed simultaneously with the SCBA clearance.

³ Everyone must answer all questions except items 10-15 on page 3. Those seeking SCBA clearance must complete all items.

Elements of Physical Examinations and Medical Evaluations				
	Pre-placement Examination	Periodic Physical Examination (PPEexam)	Interim Medical Evaluation ¹	SCBA Clearance ²
Test/Evaluation				
Height	Required	Required		
Weight	Required	Required		
Temperature	Required	Required		
Pulse	Required	Required		
Respiration rate	Required	Required		
Blood pressure	Required	Required	Required	
Eye examination, including:				
Visual acuity, near and far	Required	Required		
Accommodation	Required	Required		
Field of Vision	Required	Required		
Fundoscopic exam	Required	Required		
Color Vision	Required			
Cardiopulmonary evaluation, which shall include the following				
Resting twelve-lead electrocardiogram with interpretation	Required	Required		
Pulmonary Function Evaluation (spirometry)	Required	Required	Required if clinically indicated ⁴	Required if clinically indicated ⁴
FVC, FEV1, FEV1/FVC ratio	Required	Required		
Permanent record of flow curves must be included in the patient's report	Required	Required		
Exercise Stress Test		May be required ⁵		Required ⁵
Tuberculin skin test (TST)				
1st step TST	Required			

⁴ Spirometry is required for employees 60 years of age or older and for those with asthma. Other clinical indications may also warrant spirometry testing.

⁵ Exercise Stress Tests are required for those age 40 or older and for others as clinically indicated.

Elements of Physical Examinations and Medical Evaluations

	Pre- placement Examination	Periodic Physical Examination (PPEexam)	Interim Medical Evaluation¹	SCBA Clearance²
2nd step TST	Required			
Chest X-ray (PA) 14 x 17 inches	Required	Voluntary ⁶		
Chest X-ray B-read		Voluntary ⁶		
Comprehensive laboratory profile	Required	Required		
Fecal occult blood test				
CBC				
Test Groups including, but not limited to:				
Lead				
Audiometric Testing	Required	Required	Required	

⁶ A periodic chest x-ray and associated B-read are voluntary unless required for surveillance of an employee's occupational exposure (see Appendix B). If required, see Appendix B for frequency.

Appendix E

Pre-placement Examination

I. Pre-placement Examination.

The Pre-placement Examination described in this instruction is mandatory for all individuals seeking employment in positions whose duties entail possible exposures to chemical, physical, or biological hazards (see paragraph VIII of this instruction). All new hires are required to meet the medical requirements specified in this instruction.

Pre-placement Examinations are required for current employees who apply for and are selected for one of the covered positions under this Program.

II. Failure to Meet Requirements. Failing to meet the physical and medical requirements of this Program shall be considered disqualifying, i.e. the individual does not meet the qualification requirements of the position.

III. Scheduling. The Pre-placement Examination will be scheduled at the direction of the Regional Administrator or designee.

A. The Regional Administrator or his/her designee shall contact OOM to initiate a Pre-placement Examination.

B. Each region is to coordinate the Pre-placement physical examinations of applicants who are located within its boundaries whether the candidate is to be hired by that Region or another.

C. These examinations for current OSHA employees should be scheduled during the employee's normal working hours.

IV. Elements of Examination. The Pre-placement Examination will include a medical history, occupational and exposure histories, a physical examination and other medical tests as noted in Appendix D, Table 1.

V. Location of Examination. All Pre-placement Examinations will be done at a U.S. Public Health Service, Federal Occupational Health (FOH) Center.

VI. Cost of Examination. Examinations will be provided free of charge to the applicant. If a medical specialist's opinion is needed in order to determine fitness-for duty, the costs associated with obtaining this medical opinion will be the responsibility of the applicant.

VII. Records Management. In addition to the Records Management policies and procedures established in paragraph XVI of this instruction, the following policies and procedures apply to Pre-placement physicals.

- A. The results of all examinations provided under this program are the property of the Office of Personnel Management (OPM) and will be safeguarded in accordance with the OPM regulations that all government agencies must follow to protect access to employee medical records. (See OPM regulation 5 CFR 293, Subpart E.) Additionally, the Director of the OSHA Office of Occupational Medicine is responsible for assuring that all procedures for review and handling of medical records are in accordance with OSHA standard 20 CFR 1910.20, "Access to Employee Exposure and Medical Records."

- B. If the applicant is not hired into the position, his or her records will be retained by the Agency for the duration of the time period necessary for National Office review, plus an additional year. If no legal or administrative challenges are made regarding the Agency's handling of the file, the file will be retained in a secured central location within the Office of Occupational Medicine and will be destroyed after the one-year retention period. A log detailing the location and disposition of the records will be maintained by the Office of Occupational Medicine.

Appendix F

Comprehensive Reference List

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- E. American Medical Association. Medical Evaluations of Healthy Persons. Council on Scientific Affairs. JAMA 1983 Mar 25; 249 (12): 1626-1633.
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- I. Food and Drug Administration. Statement of Physical Ability to Perform CSO and CSI Duties: Instructions to Agency. 1998.
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- K. Macfarlane PW, Norrie J. The value of the electrocardiogram in risk assessment in primary prevention: Experience from the west of Scotland Coronary prevention study. *Journal of Electrocardiology*. 40 (2007) 101-109.
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- M. The National Eye Institute, National Institute of Health. National Eye institute Statements: Detection of Glaucoma. 2007.
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- P. Office of Personnel Management. Single Agency Qualification Standard: Compliance Safety and Health Officer. 12/24/85.
- Q. Occupational Safety and Health Administration. Directive PER 04-00-004. Hearing Conservation Program. 6/23/08.
- R. Occupational Safety and Health Administration. Directive PER 04-00-003/PER 8-2-5. CSHO Medical Examinations. 3/31/89a.
- S. Occupational Safety and Health Administration. Directive PER 04-00-002/PER 82-4. CSHO Pre-Employment Medical Examination. 3/31/89b.
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- U. U.S. Preventive Services Task Force. Guide to Clinical Preventive Services, 2nd and 3rd eds. International Medical Publishing, 2002.
- V. U.S. Preventive Services Task Force. *Screening for Coronary Heart Disease*. Agency for Healthcare Research and Quality. 2004.

Appendix G

Pre-placement & Periodic Physical Examination Forms

Each employee shall complete the *OSHA Medical Program – Employee History* (OSHA-178) as part of the Periodic Physical Examination.

Candidates for covered positions shall also complete the *OSHA Medical Program – Employee History* (OSHA-178).

The completed OSHA-179 and a copy of the *OSHA Medical Program – Employee History* (OSHA-178) shall be presented at the FOH Health Center at the time of the first appointment.

OSHA Medical Program—Physician's Report

U.S. Department of Labor
Occupational Safety and Health Administration



To be completed by examining Physician

This information is for official and medically confidential use only and will not be released to unauthorized persons.
The release of this information is subject to the Privacy Act.

Physical Examination		
Name	ID#	
Type of Examination	Date	Time
Weight	Temp	Resp
Height	Pulse	BP

Normal	Abnormal	Clinical Evaluation	Normal	Abnormal	Clinical Evaluation
<input type="checkbox"/>	<input type="checkbox"/>	General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	Vascular system (varicosities, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Head, face, neck, scalp	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen & Viscera (include hernia)
<input type="checkbox"/>	<input type="checkbox"/>	Nose (septum)	<input type="checkbox"/>	<input type="checkbox"/>	Anus & Rectum
<input type="checkbox"/>	<input type="checkbox"/>	Sinuses	<input type="checkbox"/>	<input type="checkbox"/>	G-U System
<input type="checkbox"/>	<input type="checkbox"/>	Mouth and Throat	<input type="checkbox"/>	<input type="checkbox"/>	Upper Extremities
<input type="checkbox"/>	<input type="checkbox"/>	Ears (general)	<input type="checkbox"/>	<input type="checkbox"/>	Lower Extremities
<input type="checkbox"/>	<input type="checkbox"/>	Drums (perforation)	<input type="checkbox"/>	<input type="checkbox"/>	Skin, other musculoskeletal
<input type="checkbox"/>	<input type="checkbox"/>	Ophthalmoscopic	<input type="checkbox"/>	<input type="checkbox"/>	Spine, lymphatics
<input type="checkbox"/>	<input type="checkbox"/>	Pupils (equality & reaction)	<input type="checkbox"/>	<input type="checkbox"/>	Neurological
<input type="checkbox"/>	<input type="checkbox"/>	Ocular mobility	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral
<input type="checkbox"/>	<input type="checkbox"/>	Lungs, Chest (include breasts)	<input type="checkbox"/>	<input type="checkbox"/>	Cranial nerves
<input type="checkbox"/>	<input type="checkbox"/>	Heart (thrust, size, rhythm, sounds)	<input type="checkbox"/>	<input type="checkbox"/>	Deep tendon reflexes

Comments

Summary of Findings

Base on Medical Evaluation:

- Lead exposure in last year? ____
--If so, work related? ____
- blood test done? ____
TB exposure in last year? ____
--skin test done? ____
- This employee has, has not (circle) been informed of the results of this medical examination

Typed or Printed Name of Physician

Signature Date

OSHA Medical Program—Employee History

U.S. Department of Labor
Occupational Safety and Health Administration



To be completed by Employee

Present Information

Name _____ Date of Birth (Yr., Mo., Day) _____ Date of Visit (Yr., Mo., Day) _____

Employer _____

Employer's Address _____ Employer's Phone Number _____

Type of Medical Examination
Preemployment Replacement Annual

Job Title _____

Job Description _____

Sex F M Social Security Number _____

Personal Physician

Name _____

Address _____ Physician's Phone Number _____

When were last examined by him/her? _____

When was your last chest x-ray? _____ Result _____

Past Medical History

List significant medical illnesses, and all hospitalizations.

Illness or Condition	Hospitalization		Approximate Date(s) Of Hospitalization
	Yes	No	
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Privacy Act

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are hereby notified that:

Section 3301 of Title 5 to the U.S. Code authorizes collection of this information. The primary use of this information is to determine suitability of persons for service or assignments, report medical conditions required by law, and aid in preventive health care. The information becomes part of the Employee Medical Folder which is maintained and protected in accordance with OPM regulations 5 CFR 293, Subpart E, and OSHA standard 29 CFR 1910.20. These records are also protected by the Privacy Act of 1974, 5 U.S.C. 552a and are covered by OPM/GOVT-10, Employee Medical File System Records. The social security number is requested in order to more accurately identify and retrieve health care records of individuals. Providing the requested information is voluntary but failure to do so may result in the Agency's inability to process application for employment or inability to determine suitability for employment. Without this information OSHA will not be able to determine if the employee can meet the physical requirements of the position.



Check Yes or No to answer each question and give specific information when asked.

Cardiovascular		Genitourinary	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Heart Murmur		Nephritis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Angina/Chest Pain		Kidney Disease (Indicate Type) _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Heart Attack		Urinary Infection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	High Blood Pressure		Kidney/Urinary Bladder Stones
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vascular Disease in Arms/Legs		Blood/Protein in Urine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other Heart Disorders (Specify) _____		Venereal Disease
		<input type="checkbox"/>	<input type="checkbox"/>
			Other Kidney or Bladder Disorders (Specify) _____
Gastrointestinal		Blood	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Peptic Ulcer		Anemia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hiatal Hernia		Problems with blood clotting/bleeding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hepatitis		Sickle Cell
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gall Bladder Disease		Other Blood Disorders (Specify) _____
<input type="checkbox"/>	<input type="checkbox"/>		
	Liver Disease/Jaundice		
<input type="checkbox"/>	<input type="checkbox"/>		
	Cirrhosis		
<input type="checkbox"/>	<input type="checkbox"/>		
	Other Liver Disorders (Specify) _____		
Skin		Eye	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Psoriasis		Require Corrective Lenses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Eczema		Glaucoma
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Contact Dermatitis		Cataracts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Eczema		Glaucoma
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Contact Dermatitis		Cataracts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other Skin Disorders (Specify) _____		Optic Neuritis
		<input type="checkbox"/>	<input type="checkbox"/>
			Eye Infection
		<input type="checkbox"/>	<input type="checkbox"/>
			Other Eye Disorders (Specify) _____
Pulmonary		Nervous System	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pneumonia		Seizure Disorder
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pleurisy		Stroke
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Asthma		Peripheral Neuritis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bronchitis		Other Nervous Disorder (Specify) _____
<input type="checkbox"/>	<input type="checkbox"/>		
	Emphysema		
<input type="checkbox"/>	<input type="checkbox"/>		
	Bronchiectasis		
<input type="checkbox"/>	<input type="checkbox"/>		
	Tuberculosis		
<input type="checkbox"/>	<input type="checkbox"/>		
	Silicosis		
<input type="checkbox"/>	<input type="checkbox"/>		
	Asbestosis		
<input type="checkbox"/>	<input type="checkbox"/>		
	Other Lung Disorder (Specify) _____		



Check Yes or No to answer each question and give specific information when asked.

Ear, Nose and Throat		Musculoskeletal			
Yes	No	Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Chronic Sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatoid Arthritis
<input type="checkbox"/>	<input type="checkbox"/>	Impaired Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Other Injuries
<input type="checkbox"/>	<input type="checkbox"/>	ringing in the Ears	<input type="checkbox"/>	<input type="checkbox"/>	Back Injury
<input type="checkbox"/>	<input type="checkbox"/>	Easy Nasal Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	Degenerative Disc Disease
<input type="checkbox"/>	<input type="checkbox"/>	Nasal Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Sciatica/disc herniation
<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	Bone lesions/infections
<input type="checkbox"/>	<input type="checkbox"/>	Other Ear, Nose, Throat Disorder (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	Other Musculoskeletal Disorder (Specify) _____

General					
Yes	No	Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Disease/Goiter	<input type="checkbox"/>	<input type="checkbox"/>	Hernia (Specify Type) _____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Cancer (Specify Site) _____
<input type="checkbox"/>	<input type="checkbox"/>	Gout	<input type="checkbox"/>	<input type="checkbox"/>	Dental/Gum Problems (Specify) _____
<input type="checkbox"/>	<input type="checkbox"/>	Frequent Night Sweats/Fever	<input type="checkbox"/>	<input type="checkbox"/>	Other Conditions or Disease Not Listed (Specify) _____
<input type="checkbox"/>	<input type="checkbox"/>	Hemorrhoids			

Family History

If any of your family noted in the following table has had any of the stated conditions, please indicate by the appropriate code number.

Code:

- 1-Father
- 2-Mother
- 3-Grandparent
- 4-Bother/Sister
- 5-My Children

_____	Allergy (Asthma, eczema, hay fever)	Yes	No	
_____	Blood Disease	<input type="checkbox"/>	<input type="checkbox"/>	Is your father still living? If "No" at what age did he die? What was the cause of death?
_____	Cancer or Leukemia			
_____	Cirrhosis			
_____	Congenital malformation			
_____	Diabetes			
_____	Emphysema			
_____	Epilepsy (Seizers)	Yes	No	
_____	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Is your mother still living? If "No" at what age did he die? What was the cause of death?
_____	Kidney Disease			
_____	Migraine Headaches			
_____	Rheumatic Heart Disease			
_____	Sickle Cell Disease			
_____	Tuberculosis			
_____	Other Disease Not Listed (Please Specify) _____			



Check Yes or No to answer each question and give specific information when asked.

General Health	Tobacco Use
Yes No <input type="checkbox"/> <input type="checkbox"/> Have you been examined or treated by a doctor within the past year? If "Yes" for what? _____ Yes No <input type="checkbox"/> <input type="checkbox"/> Have you lost more than five pounds within the last 6 months? Yes No <input type="checkbox"/> <input type="checkbox"/> Have you noticed any swelling or lumps in your breast, neck, armpits, groin or elsewhere during the past year? If "Yes" specify site. _____ Have you experienced the following signs/symptoms within the past year: Yes No <input type="checkbox"/> <input type="checkbox"/> Frequent headache/dizziness <input type="checkbox"/> <input type="checkbox"/> Frequent bowel problems (Constipation or diarrhea) <input type="checkbox"/> <input type="checkbox"/> Swelling of the lower extremities or eyelids <input type="checkbox"/> <input type="checkbox"/> Frequent shortness of breath, cough or morning phlegm Indicate what you believe your health status is now: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> <input type="checkbox"/> Never smoked regularly <input type="checkbox"/> <input type="checkbox"/> Used to smoke regularly How many years did you smoke? _____ How many packs per day? _____ How long ago did you stop? _____ Yes No <input type="checkbox"/> <input type="checkbox"/> Do you smoke now? _____ If "Yes", for how many years? _____ How many packs per day on average? _____ Cigars/Pipe Yes No <input type="checkbox"/> <input type="checkbox"/> Ever Smoke?
	Alcohol Use On the average, how much of the following do you drink per week? Beer: _____ Cans Wine: _____ Glasses Whiskey/Liquor: _____ Jiggers
	Medication Please indicate any medications you are taking. Include non-prescription medications, such as aspirin, laxatives, vitamins, etc. _____
	Reproductive History Yes No <input type="checkbox"/> <input type="checkbox"/> Have you or your spouse been <u>unable</u> to have children? If "Yes" specify reason, if known: _____ Yes No <input type="checkbox"/> <input type="checkbox"/> Have you ever had any children born with a handicap or congenital malformation? If "Yes" specify: _____
Hobbies Do you have any present or past hobbies (e.g., arts/crafts, gunning, furniture refinishing) or home construction/gardening activities that may have exposed you to any hazard? Yes No <input type="checkbox"/> <input type="checkbox"/> If YES, specify activities and kind of material used: _____	Allergies Yes No <input type="checkbox"/> <input type="checkbox"/> Are you allergic to anything you can think of? If "Yes" specify: _____



Occupational History

How long have you been in present job? ____ Years ____ Months
Indicate any job related illnesses or injuries you have experienced since working in present job.

Check Yes or No to answer each question and give specific information when asked.
In your work are you now, or have you been exposed to any of the following agents?

Exposure	Present	Past	Exposure	Present	Past
Inorganic Fluorides	<input type="checkbox"/>	<input type="checkbox"/>	Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
Lead	<input type="checkbox"/>	<input type="checkbox"/>	Bacteria or Viruses	<input type="checkbox"/>	<input type="checkbox"/>
Benzene	<input type="checkbox"/>	<input type="checkbox"/>	Primate Animals	<input type="checkbox"/>	<input type="checkbox"/>
Coke Oven Emissions	<input type="checkbox"/>	<input type="checkbox"/>	Vibrating Tools	<input type="checkbox"/>	<input type="checkbox"/>
Inorganic Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	Ionizing Radiation	<input type="checkbox"/>	<input type="checkbox"/>
Methylene Chloride	<input type="checkbox"/>	<input type="checkbox"/>	Non-Ionizing Radiation	<input type="checkbox"/>	<input type="checkbox"/>
Vinyl Chloride	<input type="checkbox"/>	<input type="checkbox"/>	Glycol Ethers	<input type="checkbox"/>	<input type="checkbox"/>
Toluene Diisocyanate	<input type="checkbox"/>	<input type="checkbox"/>	Ethylene Oxide	<input type="checkbox"/>	<input type="checkbox"/>
Excessive Noise	<input type="checkbox"/>	<input type="checkbox"/>	Formaldehyde	<input type="checkbox"/>	<input type="checkbox"/>
Nitrogen Oxides	<input type="checkbox"/>	<input type="checkbox"/>	Others		
Crystalline Silica	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Nitric Acid	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Phosgene	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Allyl Chloride	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>			
Suspect or Known Carcinogens	<input type="checkbox"/>	<input type="checkbox"/>			



Exposure History						
List all jobs, beginning with your present job, including part time jobs. Be as specific as possible. Use additional sheets as needed.						
Name of Employer	Dates Worked		Job Title	Duties Performed	List the Health Hazards Exposed To (i.e. noise, Lead, Solvents)	Type of Protective Equipment Worn (i.e. Earplugs, Respirators)
	From YR	To YR				

Appendix H

**OSHA Respirator Medical Evaluation Questionnaire
(FOH-22, April 2009)**

Each employee shall complete the *OSHA Respirator Medical Evaluation Questionnaire* (FOH-22) as part of the Interim Medical Evaluation.

- All employees complete the FOH-22 through the first 4 lines of page 7, except questions 10-15 on page 3, and bring it to the FOH Health Center on the day of the first appointment.
- Employees required to use a full-face respirator or SCBA must complete the entire respirator questionnaire (FOH-22) including questions 10-15 on page 3.

**U.S. PUBLIC HEALTH SERVICE
FEDERAL OCCUPATIONAL HEALTH**

**OSHA Respirator Medical Evaluation Questionnaire (Mandatory)
Appendix C to Sec. 1910.134:**

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Can you read? (select one):

Yes No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print). Today's date _____

Name _____ Job Title _____ Telephone _____
 Age _____ Male/ Female _____
 (circle one) Height (ft, in) _____ Weight (lbs) _____

For Clinic Staff Use Only: Please take blood pressure and check one of the choices below.

Blood Pressure BP Normal. No action needed.
 BP Elevated. Lifestyle modifications* recommended. Client advised to follow up with PMD.
(*Lifestyle modifications include: reduce weight, reduce sodium, reduce ETOH, DASH diet, etc.)

Has your employer told you how to contact the health care professional who will review this questionnaire? (select one):

Yes No

Check the type of respirator you will use (you can check more than one category):

a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only)

b. _____ Other Type: half-face Supplied-air (Air-in-Line)
 full-face SCBA (Self-Contained Breathing Apparatus)
 PAPR (powered-air purifying)

Have you worn a respirator (select one)?

Yes No

If "Yes" what type(s): _____

PART A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (Please select "Yes" or "No"):

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?

Yes No

2. Have you ever had any of the following conditions?

Seizures (fits) Yes No
Diabetes (sugar disease) Yes No
Allergic reactions that interfere with your breathing Yes No
Claustrophobia (fear of closed-in places) Yes No
Trouble smelling odors Yes No

3. Have you ever had any of the following pulmonary or lung problems?

Asbestosis Yes No
Asthma Yes No
Chronic bronchitis: Yes No
Emphysema: Yes No
Pneumonia Yes No
Tuberculosis Yes No
Silicosis Yes No
Pneumothorax (collapsed lung) Yes No
Lung cancer Yes No
Broken ribs: Yes No
Any chest injuries or surgeries: Yes No
Any other lung problem that you've been told about: Yes No

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

Shortness of breath: Yes No
Shortness of breath when walking fast on level ground or walking up a slight hill or
incline Yes No
Shortness of breath when walking with other people at an ordinary pace on level ground: Yes No
Have to stop for breath when walking at your own pace on level ground: Yes No
Shortness of breath when washing or dressing yourself: Yes No
Shortness of breath that interferes with your job: Yes No
Coughing that produces phlegm (thick sputum): Yes No
Coughing that wakes you early in the morning: Yes No
Coughing that occurs mostly when you are lying down: Yes No
Coughing up blood in the last month: Yes No
Wheezing: Yes No
Wheezing that interferes with your job: Yes No
Chest pain when you breathe deeply: Yes No
Any other symptoms that you think may be related to lung Yes No

5. Have you ever had any of the following cardiovascular or heart problems?

Heart attack Yes No
Stroke: Yes No
Angina: Yes No
Heart failure: Yes No
Swelling in your legs or feet (not caused by walking): Yes No
Heart arrhythmia (heart beating irregularly): Yes No
High blood pressure: Yes No
Any other heart problem that you've been told about: Yes No

6. Have you ever had any of the following cardiovascular or heart symptoms?

Frequent pain or tightness in your chest Yes No
Pain or tightness in your chest during physical activity Yes No
Pain or tightness in your chest that interferes with your job Yes No
In the past two years, have you noticed your heart skipping or missing a beat : Yes No
Heartburn or symptoms that is not related to eating Yes No
Any other symptoms that you think may be related to heart or circulation problems: Yes No

7. Do you currently take medication for any of the following problems?

Breathing or lung problems: Yes No
Heart trouble: Yes No
Blood pressure: Yes No
Seizures (fits): Yes No

8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question 9.)

Eye irritation: Yes No
Skin allergies or rashes: Yes No
Anxiety: Yes No
General weakness or fatigue: Yes No
Any other problem that interferes with your use of a respirator: Yes No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire:

Yes No

Questions 10-15 below must be answered by every employee who has been selected to use either a *full-facepiece* respirator or a *self-contained breathing apparatus (SCBA)*. For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently): Yes No

11. Do you currently have any of the following vision problems?

Wear contact lenses: Yes No
Wear glasses: Yes No
Color blind: Yes No
Any other eye or vision problem: Yes No

12. Have you ever had an injury to your ears, including a broken ear drum: Yes No

13. Do you currently have any of the following hearing problems?

Difficulty hearing: Yes No
Wear a hearing aid: Yes No
Any other hearing or ear problem: Yes No

14. Have you ever had a back injury: Yes No

15. Do you currently have any of the following musculoskeletal problems?

Weakness in any of your arms, hands, legs, or feet: Yes No
Back pain: Yes No
Difficulty fully moving your arms and legs: Yes No
Pain or stiffness when you lean forward or backward at the waist: Yes No
Difficulty fully moving your head up or down: Yes No
Difficulty fully moving your head side to side: Yes No
Difficulty bending at your knees: Yes No
Difficulty squatting to the ground: Yes No
Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes No
Any other muscle or skeletal problem that interferes with using a respirator: Yes No

Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. **In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen:** Yes No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes No

2. **At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals:** Yes No

If "yes," name the chemicals if you know them: _____

Have you ever worked with any of the materials, or under any of the conditions, listed below:

Substance/Conditions	Description of exposure (only if answer is yes)	
Asbestos	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Silica (e.g., in sandblasting)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tungsten/cobalt (e.g., grinding or welding this material)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Beryllium:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aluminum	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coal (for example, mining)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Iron:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tin:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dusty environments:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other hazardous exposures:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4. **List any second jobs or side businesses you have:** _____

5. **List your previous occupations:** _____

6. **List your current and previous hobbies:** _____

7. **Have you been in the military services?** Yes No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes No

8. **Have you ever worked on a HAZMAT team?** Yes No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes No

If "yes," name the medications if you know them: _____

10. Will you be using any of the following items with your respirator(s)?

- HEPA Filters: Yes No
 b. Canisters (for example, gas masks): Yes No
 c. Cartridges: Yes No

11. How often are you expected to use the respirator(s) (select "yes" or "no" for all answers that apply to you)?:

- a. Escape only (no rescue): Yes No
 b. Emergency rescue only: Yes No
 c. Less than 5 hours per week: Yes No
 d. Less than 2 hours per day: Yes No
 e. 2 to 4 hours per day: Yes No
 f. Over 4 hours per day: Yes No

12. During the period you are using the respirator(s), is your work effort:

Light (less than 200 kcal per hour): Yes <input type="checkbox"/> No <input type="checkbox"/>	If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.
<i>Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines</i>	
Moderate (200 to 350 kcal per hour): Yes <input type="checkbox"/> No <input type="checkbox"/>	If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.
<i>Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.</i>	
Heavy (above 350 kcal per hour): Yes <input type="checkbox"/> No <input type="checkbox"/>	If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.
<i>Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).</i>	

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes No

If "yes," describe this protective clothing and/or equipment: _____

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes No

15. Will you be working under humid conditions: Yes No

16. Describe the work you'll be doing while you're using your respirator(s): _____

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of Toxic Substance	Estimated maximum Exposure level per shift	Duration of exposure per shift

The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

To the best of my knowledge, the information I have provided is true and accurate.

Employee Name

Date

Employee Signature

Employee name: _____ Age _____ Sex _____ Date of birth: _____
 Agency: _____ Work location: _____ Job title: _____
 Supervisor's name: _____ Supervisor's phone: _____ fax: _____
 Type of respirator use requested: disposable, negative pressure (cartridge), PAPR, airline, SCBA

I. Basis for recommendations on respirator clearance:

Recommendations below on medical clearance for respirator use are based on a review of (check all that apply):

- Mandatory OSHA Respirator Medical Evaluation Questionnaire
- Records of a medical examination, including physical exam, done on: _____
- Additional information supplied by employee's personal physician.
- Other information (specify): _____

II. Recommendations on medical clearance for respirator use: (Choose A, B or C below)

A. The employee **is** given medical clearance to use the following respirator(s) under the conditions noted (choose all that apply)

<input type="checkbox"/> N, R or P disposable respirator (filter-mask, non-cartridge type only)	<input type="checkbox"/> Supplied air (air line) respirator
<input type="checkbox"/> Negative pressure air-purifying (cartridge) respirator -- either half- or full-face	<input type="checkbox"/> Self-contained breathing apparatus (SCBA)
<input type="checkbox"/> Powered air purifying respirator (PAPR) -- either half or full face	

When using respirators, the employee is approved to perform the following (choose one)

- Mild exertion / low heat stress
- Moderate exertion
- Heavy exertion
- Escape only
- Normal job duties
- Other Activity _____

Mild exertion (2-3 mets) e.g. lifting up to 10 lbs, extended walking on a flat surface, extended standing

Moderate exertion (4-5 mets) e.g. lifting 10 lbs, 5 lifts per min, fast walking (4 mph), gardening/digging, pushing, pulling

Heavy exertion (5-10 mets) e.g. jogging (10 min/mi), chopping wood, climbing hills, life-saving activities, fire fighting

This respirator clearance expires (circle one) 1 2 3 4 5 years from the date below (If not marked, clearance expires in 1 year)

B. The employee is **not** given medical clearance for respirator use because **more information is needed** (Specify what is needed to make a decision)

- 1. A **medical examination**, including a physical exam*, is needed to make a decision*
 *- Please use the FOH Medical Surveillance Health History and Physical Evaluation forms for this
- 2. The following **additional information** is needed for review (specify what):

C. The employee is **not** given medical clearance for respirator use **because of the health problems as noted below** (choose one below)

- 1. A **temporary health problem** (which should be reevaluated in _____ months)
- 2. A health problem that **appears permanent** (routine re-evaluation is not needed)

 Examiner / Reviewer Name (Print)

 Phone number for questions

 Examiner / Reviewer Signature

 Date:

Print Health Center Stamp above
FOH-22 April 2009