



Occupational Medicine Job-Related Examination Report

(complete fields or place patient label here)

Patient Name (First, Middle, Last)	
Birth Date (mm-dd-yyyy)	Room Number (if applicable)
Mayo Clinic Number	

**TO BE
SCANNED**

Form content retained in medical record.
Route to scanning.

Date Today (mm-dd-yyyy)	Employer	Employer Address (Street, City, State, ZIP Code)
Exam Type (Check all that apply)	<input type="checkbox"/> DOT <input type="checkbox"/> Periodic <input type="checkbox"/> Pre-placement <input type="checkbox"/> Respirator exam <input type="checkbox"/> Respirator questionnaire <input type="checkbox"/> Return to Work <input type="checkbox"/> Exposure (Hazmat, emergency response, lead, cadmium, asbestos) <input type="checkbox"/> Other:	
Included (√)	Procedures	Completed (√)
	Health questionnaire	
	Physical exam by a medical provider	
	Urine drug screening collection (results currently not known, employer should verify)	
	Pulmonary function test (Spirometry)	
	X-Ray: ___ CXR ___ B-Reader (results to be reported when available) ___ Other	
	Audiogram	
	TB Skin Test	
	Lab	
	Other:	

Medical Certification

This employee:

Meets the job factors criteria as described

Meets the job factors criteria if provided with accommodation for:

- Lifting more than _____ lbs.
- Work requiring binocular vision
- Limited use of right/left arm
- Other (see comments below)

Decision deferred: further evaluation needed (see comments below)

Respirator Certification (subject to fit testing)

This employee:

Cleared for unrestricted respirator and personal protective equipment use

Cleared for restricted respirator use: No SCBA use

Decision deferred: further evaluation needed (see comments below)

Not cleared for respirator use

Other (see comments below)

Exposure Certification (Complete only if underlined exam performed)

The employee does does not have any detected medical conditions that would place he/she at increased risk of material health impairment from work in (check all that apply):

Asbestos exposure Environmental exposure (excessive heat/humidity/cold)

Lead exposure

The employee has been told of the hazards of smoking (including increased risk of cancer) in relation to his/her possible exposures.

Immunizations

Employee's vaccines are up-to-date; no further follow-up is needed.

We recommend employee has the following vaccine(s):

Hep B Tdap/Td Other:
 MMR Varicella

To schedule an appointment, call:

Patient was not physically examined by medical provider; clinical correlation advised.

Comments

The employee has been given clear and careful explanation of the results of the medical examination and of any medical condition resulting from exposures that require further evaluation or treatment that are known at this time. Results of pending tests and conditions that relate to his/her exposures that require further evaluation or treatment will be communicated to the employee by mail or phone.

Signature

Provider Name	Provider Signature	Date (mm-dd-yyyy)
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