

To authorize additional services, complete the **AUTHORIZATION FOR EXAMINATION OR TREATMENT FORM** available for download from www.concentra.com/patients/forms-for-your-visit/.

OSHA-REQUIRED INFORMATION FOR RESPIRATOR CLEARANCE, FIT TESTING, MEDICAL SURVEILLANCE EXAMS & SCREENINGS

OSHA mandates the employer provide all of the below information. This information must be provided to the PLCHP prior to the medical evaluation. If prior exams were not provided by Concentra, please attach employer available records (such as a Written Medical Opinion Letter) from the non-Concentra clinician and answer questions 1-4.

Patient Name: _____ DOB: _____ Job Title: _____
 Employer Name: _____
 Employer Address: _____
 Contact Name: _____ Contact Phone: _____ Contact Email: _____

I authorize Concentra Medical Centers to perform the below medical services as requested.			
Authorizer's Signature: _____		Authorization Date: _____	
Who is responsible for payment?	<input type="checkbox"/> Employer	<input type="checkbox"/> Third Party Administrator	<input type="checkbox"/> Staffing Agency
	<input type="checkbox"/> Patient	TPA Name: _____	Agency Name: _____

Concentra is authorized to complete the below medical services (check all that apply):

RESPIRATORY PROTECTION	<input type="checkbox"/> Respirator Clearance Exam
RESPIRATOR FIT TESTING	<input type="checkbox"/> QUALITATIVE Respirator Fit Test
	Complete the below If fit testing <i>without</i> a respirator clearance exam. Respirator Clearance Date: _____
	<input type="checkbox"/> QUANTITATIVE Respirator Fit Test
	<input type="checkbox"/> Concentra provided respirator clearance <input type="checkbox"/> Another healthcare provider performed respirator clearance exam (must attach results) Have there been any changes in employee's job, mask used, or the environment since prior clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL SURVEILLANCE					
EXAM REASON	<input type="checkbox"/> Baseline	<input type="checkbox"/> Baseline Follow Up	<input type="checkbox"/> Periodic	<input type="checkbox"/> Biologic Monitoring	<input type="checkbox"/> Exit
EXPOSURE TYPE(S)					
<input type="checkbox"/> Arsenic	<input type="checkbox"/> Ethylene Oxide	<input type="checkbox"/> Pesticides	<input type="checkbox"/> Hearing		
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Formaldehyde	<input type="checkbox"/> Silica	<input type="checkbox"/> Firefighter		
<input type="checkbox"/> Benzene	<input type="checkbox"/> Hex Chromium	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Hazardous Waste Operator		
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Lead		<input type="checkbox"/> Multiple Exposures		
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury				
<input type="checkbox"/> Diacetyl	<input type="checkbox"/> Methylene Chloride				
<input type="checkbox"/> Information from previous medical examinations of the affected employee not otherwise available to the examining clinician is attached (i.e. biologic monitoring levels such as lead levels, cadmium levels, mercury levels not previously evaluated by Concentra)					

1. Check the type(s) of respirator(s) to be used then indicate weight of respirators, frequency and duration of use:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Air purifying (non-powered) | <input type="checkbox"/> Air purifying (powered) | <input type="checkbox"/> Atmosphere supplying | <input type="checkbox"/> Dust Mask |
| <input type="checkbox"/> Combination air-line/SCBA | <input type="checkbox"/> Continuous Flow | <input type="checkbox"/> Supplied air | <input type="checkbox"/> Half face with canisters |
| <input type="checkbox"/> Open circuit SCBA | <input type="checkbox"/> Closed circuit SCBA | <input type="checkbox"/> N95 mask | <input type="checkbox"/> Full face with canisters |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Respirator is not used | | |

Weight of respirator(s) in use:	Frequency of respirator use:	Duration of each use:
_____	_____ per <input type="checkbox"/> Day <input type="checkbox"/> Emergency <input type="checkbox"/> Week <input type="checkbox"/> Escape only <input type="checkbox"/> Month	_____ <input type="checkbox"/> Minutes <input type="checkbox"/> Hours

2. Check all other types of personal protective equipment (PPE) to be used:

<input type="checkbox"/> Safety glasses/goggles	<input type="checkbox"/> Gloves	<input type="checkbox"/> Fire resistant clothing
<input type="checkbox"/> Steel toed shoes/boots	<input type="checkbox"/> Gown	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hearing protection	<input type="checkbox"/> Chemical resistant suit	

3. Describe the work environment and expected physical effort exerted by the employee:

Work Environment (check all that apply)	<input type="checkbox"/> Indoor	<input type="checkbox"/> Dusty	<input type="checkbox"/> Outdoor	<input type="checkbox"/> Cold
	<input type="checkbox"/> Hot	<input type="checkbox"/> Humid	<input type="checkbox"/> Heights/Scaffolding	<input type="checkbox"/> Enclosed places/pits
Most Common Expected Physical Effort	<input type="checkbox"/> Light (0-10 lbs.)	<input type="checkbox"/> Moderate (10-25 lbs.)	<input type="checkbox"/> Heavy (25-50 lbs.)	<input type="checkbox"/> Very Heavy (>50 lbs.)

4. List all exposures and applicable OSHA Standards, indicated exposure duration, and the exposure level:

Exposure(s) (For example: Lead, Silica, Asbestos)	Applicable OSHA Standard (For example: 29 CFR 1926.1101 Construction Industry)	Exposure Duration and Frequency (hours per day/week/month)	Representative or Anticipated Exposure Level (greater than which of the below?)
			<input type="checkbox"/> Action Level <input type="checkbox"/> Permissible Exposure Level <input type="checkbox"/> Company-specific Guidelines <input type="checkbox"/> Unknown
			<input type="checkbox"/> Action Level <input type="checkbox"/> Permissible Exposure Level <input type="checkbox"/> Company-specific Guidelines <input type="checkbox"/> Unknown
			<input type="checkbox"/> Action Level <input type="checkbox"/> Permissible Exposure Level <input type="checkbox"/> Company-specific Guidelines <input type="checkbox"/> Unknown
			<input type="checkbox"/> Action Level <input type="checkbox"/> Permissible Exposure Level <input type="checkbox"/> Company-specific Guidelines <input type="checkbox"/> Unknown

By signing below, I authorize Concentra Medical Centers to perform the above medical services as requested. Regulated examinations will be conducted to include the minimum federal or state requirements. This may include additional testing as specified in the applicable OSHA standard. It is Concentra's policy that employees must have a documented medical history and physical examination annually by a Concentra clinician to appropriately evaluate and interpret otherwise standalone laboratory services.

Company Safety Representative Name

Telephone Number

Signature of Company Safety Representative

Date

It is Concentra's policy that exposure related testing be conducted only in conjuncture with a medical examination, baseline and periodic, under the medical supervision conducted by a Concentra clinician pursuant to federal and state-based regulations and guidance. Concentra's responsibilities may include: Conducting Medical Surveillance exams, including pre-exposure medical history and physical examinations to determine fitness for duty; establishing baseline and periodic testing values on workers; providing Written Medical Opinions to the employee and employer in compliance with OSHA standards at the completion of the medical evaluation. Per OSHA regulations, the employer is responsible for determining the required medical surveillance based on the industry, exposure type, and exposure levels. If personal protective equipment is to be used, the employer is responsible for determining the appropriate equipment based on OSHA or other applicable standards. The employer is also responsible for record keeping and exam management. Employers are required to maintain appropriate records for each employee.