

Written Medical Report for Employee (Sample)\*

Employee Name: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

TYPE OF EXAMINATION

- Initial Examination, Periodic Examination, Specialist examination, Other: \_\_\_\_\_

RESULTS OF MEDICAL EXAMINATION

- Physical Examination, Chest X-Ray, Breathing Test, Test for Tuberculosis, Other: Normal, Abnormal, Not Performed

Results reported as abnormal: \_\_\_\_\_

- Your Health may be at increased risk from exposure to respirable crystalline silica due to the following:

RECOMMENDATIONS

- No limitations on respirator use, Recommended limitations on use of respirator, Recommended limitations on exposure to respirable crystalline silica

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

- I recommend that you be examined by a Board Certified Specialist in Pulmonary Disease or Occupational Medicine, Other recommendations\*\*

Your next periodic examination for silica exposure should be in: 3 Years, Other: MM/DD/YY

Examining Provider: (Signature) Date:

Provider Name:

Office Address: Office Phone:

\*\*These findings may not be related to respirable crystalline silica exposure or may not be work-related, and therefore may not be covered by the employer.