

Orange

CLINICAL OCCUPATIONAL HEALTH EXAMINATION REQUIREMENTS	WORKPLACE IDENTIFIER [REDACTED]	[REDACTED]	[REDACTED]
Data As Of: [REDACTED]	BASE [REDACTED]	ORGANIZATION [REDACTED]	
Edited By: [REDACTED]	WORKPLACE [REDACTED]		
PEG: AGR/Technician	BLDG NO/LOCATION [REDACTED]	ROOM/AREA	
Risk Category: 1 (High)			

EXAMINATION REQUIREMENTS: **Required for everyone**

EXAMINATIONS	AGE START	AGE STOP	ONE TIME	PRE FREQ	TERM	RATIONALE & NOTES
Beta-2 microglobulin in urine	0	100	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	29 CFR 19101027 standardized to grams of creatinine gCr with PH specified 1
Blood Cadmium Level	0	100	<input type="checkbox"/>	12	<input type="checkbox"/>	29 CFR 19101027 standardized to liters of whole blood lwb 1
Blood Creatinine Level	0	100	<input type="checkbox"/>	12	<input type="checkbox"/>	29 CFR 19101027 6
Blood Pressure	0	100	<input type="checkbox"/>	12	<input type="checkbox"/>	29 CFR 19101027 6 8
Blood Urea Nitrogen	0	100	<input type="checkbox"/>	12	<input type="checkbox"/>	29 CFR 19101027 6
CBC With Diff	0	100	<input type="checkbox"/>	12	<input type="checkbox"/>	DoD 605505-M May 2 2007 if clinically indicated 19101028i Part 19101027l and Part 19261127l of Reference f General Industry Part 19101025j of Reference f Construction Part 192662j of Reference f
Chest Radiograph	0	100	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>	1910.1027(l)(4)(ii)(C) - After the initial X-ray, the frequency of chest X-rays is to be determined by the examining physician
Medical History	0	100	<input type="checkbox"/>	12	<input type="checkbox"/>	
Occ and Environmental Health Exposure Data	0	100	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>	Required for all Worplaces that receive medical examinations other than just an audiogram filed in the medical record as needed When information is updated by bioenvironmental public health will file in the individuals medical record
Physical Examination	0	100	<input type="checkbox"/>	12	<input type="checkbox"/>	IAW DoD 605505-M May 2 2007 if clinically indicated
Pulmonary Function Test	0	100	<input type="checkbox"/>	12	<input type="checkbox"/>	IAW DoD 605505-M May 2 2007 if clinically indicated
Respirator Questionnaire	0	100	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>	AFOOSH 48-137
Urinalysis	0	100	<input type="checkbox"/>	12	<input type="checkbox"/>	IAW DoD 605505-M May 2 2007 if clinically indicated
Urine Cadmium Level	0	100	<input type="checkbox"/>	12	<input type="checkbox"/>	29 CFR 19101027 standardized to grams of creatinine gCR 1

IMMUNIZATIONS REQUIRED:

None

Noise ECL (in dbA) = 79.00

TYPED OR PRINTED NAME, AERO MED COUNCIL CHAIRMAN [REDACTED]	SIGNATURE [REDACTED]	DATE [REDACTED]
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