



Medical Referral Form

<b>Employee/Student Name:</b>	<b>Department:</b>	<b>Date:</b>
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<b>Supervisor:</b>	<b>Supervisor's Tel. Ext.</b>
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**Referral for:** (Check/circle all that apply)

<input type="checkbox"/> <b>Animal Contact NRC guideline</b> Medical History Medical Exam Purified Protein Derivative/TB Test Rabies Immunization CBC Toxoplasmosis Titer Tetanus Diphtheria Vaccine/Booster Post Exposure Evaluation	<input type="checkbox"/> <b>Laser Safety</b> <b>*Reg.: ANSI Z136.1-2000</b> Medical History Ocular Exam Visual Acuity Amsler Grid Test Color Response	<input type="checkbox"/> <b>Bloodborne Pathogens</b> <b>*Reg.: 29CFR 1910.1030</b> HBV Vaccinations HBV Titer Post Exposure Evaluation HIV Testing
<input type="checkbox"/> <b>Diving Safety</b> <b>*Reg.: 29CFR 1910.402</b> <b>-Appendix 1-3 AAUS</b> Medical History Medical Exam Urinalysis Baseline Chest X-ray Hematocrit or Hemog Spirometry Resting EKG (After Age 40)	<input type="checkbox"/> <b>Hazardous Material</b> <b>*Reg.: 29CFR 1910.120</b> <i>-OSH Guidance Manual for          Hazardous Waste Sites (NIOSH 10/85)</i> Occupational History Medical History and Exam Kidney & Liver function Test Metallic Content in Blood/Urine CBC/Platelet Count Urinalysis RBC/plasma Cholinesterase Chest X-ray Pulmonary Function Test	<input type="checkbox"/> <b>Respiratory Program</b> <b>*Reg.: 29CFR 1910.134</b> Medical History Medical Exam Baseline Chest X-ray Pulmonary Function Test
<input type="checkbox"/> <b>Other Tests:</b> _____ _____		<input type="checkbox"/> <b>Hearing Conversation</b> <b>*Reg.: 29 CFR 1910.95</b> Baseline Audiogram Annual Audiogram

*Authorized medical services may be performed at the discretion of the Physician.  
 Additional services deemed necessary must be approved by EH&S.  
 \*Reg. Refers to federal regulation for compliance purposes.*

**Approval Section  
(Student Health or EH&S Only)**

<b>Name:</b>	<b>Title:</b>	<b>Phone #:</b>
<b>Signature:</b>	<b>Date:</b>	

**Health Provider Information \*Call for an appointment\***

**Boca Raton Concentra (former U.S. Health Works)**  
 Tel# 561-368-6920  
**Jupiter Medical Center – Urgent Care**  
 Tel# 561-263-7010

**(HBOI) Lawnwood Regional Medical Center**  
 Tel# 772-461-4000  
**Davie/Dania Concentra**  
 Tel# 954-941-6301