# Medical Referral Form

<table>
<thead>
<tr>
<th>Employee/Student Name:</th>
<th>Department:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor:</td>
<td>Supervisor's Tel. Ext.</td>
<td></td>
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</tbody>
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**Referral for:** (Check/circle all that apply)

- Animal Contact
  - NRC guideline
  - Medical History
  - Medical Exam
  - Purified Protein Derivative/TB Test
  - Rabies Immunization
  - CBC
  - Toxoplasmosis Titer
  - Tetanus Diphtheria Vaccine/Booster
  - Post Exposure Evaluation

- Laser Safety
  - Medical History
  - Ocular Exam
  - Visual Acuity
  - Amsler Grid Test
  - Color Response

- Bloodborne Pathogens
  - HBV Vaccinations
  - HBV Titer
  - Post Exposure Evaluation
  - HIV Testing

- Hazardous Material
  - *Reg.: 29CFR 1910.120
    - OSH Guidance Manual for Hazardous Waste Sites (NIOSH 10/85)
    - 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

- Respiratory Program
    - Medical History
    - Medical Exam
    - Baseline Chest X-ray
    - Pulmonary Function Test

- Hearing Conversation
  - *Reg.: 29 CFR 1910.95
    - Baseline Audiogram
    - Annual Audiogram

- Diving Safety
    - Appendix 1-3 AAUS
    - Medical History
    - Medical Exam
    - Urinalysis
    - Baseline Chest X-ray
    - Hematocrit or Hemog
    - Spirometry
    - Resting EKG (After Age 40)

- Other Tests:

  ________________________________________________________________
  ________________________________________________________________

  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)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
<th>Phone #:</th>
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</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>Date:</td>
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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

FORM B – Medical Referral Form       Revised 10/31/18