Medical Surveillance, Referral and Approval Form

Florida Atlantic University EH&S: (561) 297-3129

| Employee Name: | | Departm | Department: | | | Date: |
|--------------------------------------|---|---|---|----|--|-------------------------|
| - | | | | | | |
| Sup | ervisor: | Supervis | or's Tel. Ext. | PO |) # | Account# |
| Referral For: (Check all that apply) | | | | | | |
| | Animal Contact NRC guideline Medical History and Exam Tetanus Diphtheria Update PPD Rabies Immunization CBC/Toxoplasmosis TB Immunization | Medical His Baseline Ch Baseline Spi Annual Exar | R1910.1001 nedical evaluation for tory and Exam est X-ray rometry | rm | *Reg.: 29CFR 1 HBV Vaccinat HBV Titer Post Exposure | 1910.1030 ions |
| | Diving Safety *Reg.: 29CFR 1910.402 Medical History and Exam Appendix 1-3 AAUS Baseline Chest X-ray Spirometry Hematocrit or Hemoglobin Urinalysis | Baseline Che Spirometry Hepatic funct Urinalysis/No | R 1910.120 ory and Exam st X-ray | | *Reg.: ANSI Z13 Medical History Visual Acuity Ocular exam Color Response Amsler Grid Tes | and Exam |
| | Hearing Conservation *Reg.: 29CFR 1910.95 Baseline Audiogram Annual Audiogram Other Tests: | Pesticides Pro *Reg.: 40CFF Medical Histo Liver Function Baseline Cho | R 170.102 ory and Exam on Test | | Respiratory Pro *Reg.: 29CFR 19 Medical History Baseline Chest Spirometry Annual Exam | 210.134 and Exam |
| | 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. | | | | | |
| EH&S Approval Section | | | | | | |
| Name: | | | Title: | | | |
| Signature: | | | Date: | | | |

Health Provider Information *Call for an appointment*

U.S. Health Works Tel# (561) 368-6920 1786 NW 2nd Avenue Boca Raton, Fl. 33432

Jupiter Medical Center – OHS, Tel #(561) 745-5787 1210 South Old Dixie Highway Jupiter, FL 33458