



Industrial Medical Associates, P.C.

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151 Lawrence Road E, North Syracuse, NY 13212 (315) 458-1335 Fax (315) 458-1738

EMPLOYEE EXPOSURE INFORMATION
(To be completed by the employer prior to examination)

EMPLOYEE: _____ SS#: _____
EMPLOYER: _____

Reason for exam (circle one)

- 1. Pre-placement 2. Prior to assignment 3. Periodic 4. Termination of employment 5. Exposure in emergency situation

Type of Exam (Please circle all that apply)

- 1. Respirator Surveillance 2. Hazardous Surveillance 3. Asbestos Surveillance 4. Heavy Metal Surveillance 5. Lead Surveillance 6. Cadmium Surveillance 7. Other: _____

Identification of contaminant (please list by chemical or generic name):

A. _____ B. _____ C. _____

Has air monitoring been conducted? Yes/No

If asbestos, duration of past asbestos exposure _____

Is exposure level above or anticipated to be above PEL? Yes () No () Unknown ()

Describe employee's duties as they relate to the employee's exposure: _____

List types of personal protective equipment used or to be used by employee (i.e. type of respirator, Tyvek suit, protective clothing, etc.): _____

Respirator types (circle all that apply): Respirator weight _____

- Atmosphere supplying Air Purifying (powered) Open circuit SCBA
Continuous flow Supplied Air Closed circuit SCBA
Air Purifying (non-powered)

Adverse work conditions (i.e. temperature/heat stress, high places, humidity, hazardous materials)

Is the environment immediately dangerous to life? Yes [] No []

Level of work effort (circle one): LIGHT MODERATE HEAVY STRENUOUS

OSHA mandates that any information from previous medical examination of the employee that is not otherwise available to the examining physician be forwarded to the examining physician.

This form shall accompany the employee to the examination or it may be faxed prior to the examination.

Completed by: _____ Title: _____ Date: _____