



**OCCUPATIONALLY MANDATED EXAMINATIONS
FINDINGS REPORT**

<input type="checkbox"/> Armed Reserve Pool E27	<input type="checkbox"/> Crystalline Silica E31	<input type="checkbox"/> Respirator Fit Testing A102	<input type="checkbox"/> Fitness-for-Life W01
<input type="checkbox"/> Asbestos E09	<input type="checkbox"/> FBI Bomb School E22	<input type="checkbox"/> Respirator E05	<input type="checkbox"/> Commercial Driver (DMV) WD
<input type="checkbox"/> Clandestine Lab E24	<input type="checkbox"/> HAZMAT E06	<input type="checkbox"/> Retirement Exemption E26	<input type="checkbox"/> HAZMAT W06
<input type="checkbox"/> Commercial Driver (DMV) D	<input type="checkbox"/> Hearing Conservation E18	<input type="checkbox"/> S.C.U.B.A E12	<input type="checkbox"/> SCUBA W12
<input type="checkbox"/> Confined Space E02	<input type="checkbox"/> Inorganic Arsenic E32	<input type="checkbox"/> TB Screening (Skin) I01	
<input type="checkbox"/> Crane Operator E20	<input type="checkbox"/> Lead E11	<input type="checkbox"/> TB Screening (Blood) I02	

Employee Name: _____ Job Title: _____

Email Address: _____ Employee Number: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Department Number: _____ Position / Item Number: _____

Date of Birth: _____ Date of Evaluation: _____

Employee seen at: Glendale Glendale Mobile Unit SCV Conentra: _____

Examiner's Determination (please initial your choice):

_____ No NEW Work Restrictions - The employee may continue working without new restrictions.
Any previously assigned restrictions will remain in place.

_____ The employee was issued the following NEW work restrictions:

The work restrictions are: Permanent Temporary through _____ (date)

_____ Indeterminate - I am unable to make a determination due to the following. (Do not list any private or protected medical information, including diagnosis, condition, or treatment information.)

Employee has been instructed to provide additional medical information to the Clinic.

Examiner's Name: _____

Examiner's Signature: _____ Date: _____

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