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|  | **2.13 Medical Monitoring**General Information for HHW Programs |

# Introduction

The purpose of a medical monitoring program is to document pre-existing conditions that may be aggravated by potential chemical exposures or physical demands at the facility. Staff injury may be minimized by early detection and treatment of health problems caused by workplace conditions.

It is the responsibility of this Program or it’s employer to tailor a specific medical monitoring program for any staff managing hazardous waste (HW). The employer is also responsible for paying medical monitoring costs and for maintaining medical monitoring records for the duration of staff employment plus 30 years. The dedicated staff responsible for implementing this medical monitoring program is [the Program Manager].

# Medical monitoring examination components

A [Board-Certified Occupational Medicine Physician](https://resources.healthgrades.com/right-care/patient-advocate/occupational-medicine-doctor-your-workplace-health-safety-expert) (BCOMP) certified by the American Board of Preventive is recommended for medical monitoring examinations and evaluations. Minimum requirements of a medical monitoring program are a baseline and an exit examination, but ideally should include four components:

* Baseline examination
* Surveillance examination
* Incident examination (as needed)
* Exit examination

2.1 Baseline examination

2.1.1 A baseline or initial examination must be completed before prior to staff starting any job assignment working with HW. Staff shall work under direct supervision until that baseline examination occurs. This examination will determine physical ability required to perform the job. If any inabilities are found, the Americans with Disabilities Act (ADA) require:

1. Pre-existing medical conditions or state of health may not be used to screen applicants to ensure safe capability of performing job tasks with reasonable accommodations.
2. The employer shall make reasonable accommodations so staff can perform their job.

2.1.2 A baseline examination purpose:

1. Determines if staff is healthy enough to physically perform the job duties (e.g., able to wear protective equipment).
2. Determines if accommodations for health limitations will be needed.
3. Documents each staff member’s health conditions prior to potential job hazard exposures.
4. Establishes baseline data for future comparison as later examinations (e.g., surveillance, incident or exit examinations), but may not provide early detection of adverse health trends. Comparing surveillance or incident exam data to the baseline data may also help to determine if current protective measures have been effective.

2.1.3 The baseline examination components include:

* Questionnaire(s) to determine past occupational and medical history of exposure or disease. It is staff’s responsibility to ensure all previous records (e.g., physical results, laboratory results, spirometry results, chest X-ray reports, and forms) are sent to the current clinic. For baseline examination instructions, see Attachment A and Example Form 1.
* A physical examination
* Blood and urine tests
* Pulmonary function tests to measure lung performance

2.2 Surveillance examination

Results from the surveillance examination (also referred to as annual physical or follow-up exam) can be compared to previous examinations to detect early signs of adverse health changes and may indicate a need to adjust control measures (e.g., engineering, administrative, PPE use). Individual staff health, the nature of the work and exposures will determine if this examination is needed and what test parameters should be included; see Attachment B and Example Form 2.

2.3 Incident examination

2.3.1 Seek medical attention ASAP if overexposed. If overexposed to chemicals, staff shall receive the necessary medical attention (e.g., first aid, CPR) and immediately call EMS, if necessary. If the incident is recordable follow OSHA requirements for proper documentation and posting (e.g., [Form 300](https://www.osha.gov/recordkeeping/forms), annual summary, supplemental record). A recordable occupational injury or illness results in lost workdays or fatalities, regardless of time between injury, illness and death. Recordable nonfatal cases without lost workdays include situations that result in staff receiving medical treatment resulting in staff transfer or termination.

2.3.2 Decisions to provide emergency or non-emergency medical treatment shall be made on a case-by-case basis. Common signs and symptoms of chemical exposure may include:

Behavioral changes

Breathing difficulties

Changes in complexion/skin tone

Coordination difficulties

Coughing

Diarrhea

Dizziness

Drooling

Fatigue or weaknessHeadache

Irritability

Irritation of eyes, nose, respiratory

tract, skin or throat

Light-headedness

Nausea

Sneezing

Sweating

Tearing

Tightness in the chest

2.3.3 The incident examination is strongly suggested for staff exhibiting symptoms of chemical overexposure or other occupational health related problems; see Attachment D.

2.3.4 Document all OSHA recordable incidents and follow applicable [posting requirements](https://cmshosting.puresafety.com/file/7db952acf78443d780d78d184c12ce83/1).

2.4 Exit examination

The exit examination is the last examination and is discretionary if staff have received an examination six months preceding any of the scenarios listed above. If there have not been exposures to chemicals above [TLVs](https://en.wikipedia.org/wiki/Threshold_limit_value), this exam may not be required. Staff shall complete an exit examination within 30 days of:

* Leaving a job.
* Changes in job duties (with the same employer) and duties no longer include respirator use or possible chemical exposure.
* If there is an employer change, but job tasks remain the same. In this case, staff needs an exit examination from the previous job and a baseline examination for the new job. An exception to this is if the new employer agrees to accept the results from the exit examination as a baseline for the new job. In this case, staff needs only one examination but shall authorize the release and transfer of records between employers (and possibly between clinics).

# 3. Medical evaluation

A [HHW medical evaluation](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1025AppC) is a summary of all examination results and is based on medical history, physical exams and test results. A physician that is knowledgeable in occupational medicine (preferably a BCOMP), who evaluates the records, is aware of job tasks and provides a written opinion describing if:

* A medical condition exists.
* The medical condition is work related.
* Follow up is needed.
* The staff wear a respirator (and Facility has a respirator program).

# 4. Staff requiring medical monitoring

4.1 Staff who manage HW for greater than 30 days per year

OSHA specifies that regardless of how many hours’ staff spends working with HW, that that effort shall equal one calendar day of exposure. All staff who manages HW more than 30 days per year through any combination of the activities listed below will partake in this Facility’s medical monitoring program:

* Accepting, sorting, screening for product exchange, packing or other handling HW and/or pesticides of any kind and from any source.
* HW spill clean-up.
* Any activity that could require wearing a respirator.
* Annual screening is recommended if staff is working with unsealed pesticide containers.

4.2 Staff who manage HW for less than 30 days per year

Staff spending less than 30 days per year managing HW are not required to participate in a medical monitoring program. Employer approval shall be obtained if a staff chooses voluntarily to participate.

# 5. Workplace changes requiring a medical monitoring program enrollment or change

For more information on job scenarios to help determine medical monitoring needs, see *Attachment 4.* Situations that may require a protocol change to a medical monitoring program include:

* Staff not currently enrolled in a medical monitoring program whose exposure level has increased.
* Staff enrolled in a medical monitoring program that initially only required baseline and exit examinations and/or the situation has changed to where staff’s exposure levels and workload have increased to where it is now recommended to get surveillance examinations.
* Staff enrolled in a medical monitoring program who initially needed the baseline, surveillance and exit examinations and whose decreased workload and exposure level no longer require surveillance examinations. A physician’s authorization is recommended for this change.
* After handling HW for less than 4 months, a job reassignment results in non-HW handling function. An exit examination is discretionary because the baseline examination occurred within six months preceding the change of employment.

# 6. Results and records

6.1 Confidential records

6.1.1 Only the staff/patient and (or with staff/patient written permission) their employer is allowed to view general health status information, which may include ability to wear a respirator. No other person can access confidential health records without staff/patient written consent.

6.1.2 To maintain confidentiality, the employer shall designate a person (e.g. county human resources manager, legal counsel, etc.) to receive and maintain staff medical monitoring records, The employer shall retain these records for the duration of staff’s employment plus 30 years.

6.2 Reviewing detailed medical records

If staff wishes to view personal detailed medical records or specific test results, they shall request to view them in person or request (in writing) that a copy be sent. Written copy requests shall include date of birth and be sent to the examining or evaluating clinic. Charges for record retrieval, copying, and postage may apply; see Attachment E and Example Form 3.

# 7. Determining physician

The parameters for medical monitoring evaluations are dependent upon which exam is needed and include the following three choices:

1. Exam and evaluation performed by a Board-Certified Occupational Medicine Physician (BCOMP). An advantage to using a BCOMP that is staff will receive the expertise of occupational medicine physicians specifically trained for the unique exposures HHW staff may be exposed to. However, there may be the additional burden of transferring forms or results.

2. Exam performed by local physician with evaluation of records and results performed by a BCOMP. Local physicians may be knowledgeable in occupational medicine but are not BCOMPs; advantages to using a local physician include convenience, economical, and the patient retains the expertise of a BCOMP for record evaluation. The local physician will ensure proper records get to the BCOMP for evaluation.

3. Exam and evaluation performed by a local physician. Disadvantages of exams and evaluations performed by a local physician is it is difficult in some areas of the state to find a physician that has the specialized training in occupational medicine, nor the expertise of a BCOMP.

Attachment A: Baseline Examination Process

1. Exam and evaluation by BCOMP

a. Schedule an appointment with a BCOMP. Verify that the BCOMP can examine or test for the parameters as listed in Form A.

b. If using a BCOMP clinic, ensure they provide the following (or similar) forms:

* Respiratory Certification (if applicable)
* Unsigned employment medical exam consent (or similar); releases general health status to employer
* Initial employment medical exam questionnaire

2. Exam by local physician with evaluation by BCOMP

a. Schedule an appointment with a local physician and verify that they can examine or test for the parameters listed in Form A.

b. Bring these instructions to appointment; the clinic should also provide these (or similar) forms:

* Initial Employment Medical
* Initial Employment Medical Exam Questionnaire
* Respiratory Certification (if applicable)
* Unsigned Patient Authorization for Release of Information (releases records to BCOMP); see Form C.
* Unsigned employment medical exam consent (or similar); releases general health status to employer

c. Local physician keeps the Patient Authorization for Release of Information Form (provided by clinic) after it is signed and witnessed; see Form C.

d. The local physician shall forward to BCOMP the items listed below:

* Completed and applicable forms including the Employment Medical Exam Consent Form (releases general health status to Employer)
* Notes from physical exam
* All test results

3. Exam and evaluation by local physician

a. Schedule an appointment with a local physician and verify that they can examine or test for the parameters listed in Form A.

b. Bring these instructions to appointment. The clinic should also provide these (or similar) forms:

* Initial Employment Medical
* Initial Employment Medical Exam Questionnaire
* Respiratory Certification (if applicable)
* Unsigned Employment Medical Exam Consent (releases general health status to Employer)

c. Local physician keeps the Patient Authorization for Release of Information Form (provided by clinic) after it is signed and witnessed.

**Attachment B**

Surveillance or Exit Examination Process

1. Exam and evaluation by BCOMP

1. Schedule an appointment with a BCOMP. Inform them of employer and job duties. Verify that the BCOMP can examine or test for the parameters listed in Form A.
2. Complete and bring the following forms to the appointment:
* Respiratory Certification, provided by clinic (if applicable)
* Unsigned Employment Medical Exam Consent, provided by clinic (releases general health status to Employer). Patient will be asked to sign this form at appointment.
* Follow-up Employment Medical Exam Questionnaire (or similar), provided by clinic

2. Exam by local physician with evaluation by BCOMP

1. Schedule an appointment with a local physician who can examine or test for the parameters listed in Form A.
2. Along with these instructions, bring or complete to appointment:
* Follow-up Employment Medical Exam Questionnaire (or similar), provided by clinic
* Respiratory Certification, provided by clinic (if applicable)
* Unsigned Patient Authorization for Release of Information, provided by clinic (releases records to BCOMP), see Form C.
* Unsigned Employment Medical Exam Consent (or similar), provided by clinic (releases general health status to Employer)
1. Local physician forwards to BCOMP the following items:
* Physician’s notes from physical exam
* All test results
* Signed Patient Authorization for Release of Information (or similar), provided by clinic (releases records to BCOMP); see Form C.
* Completed forms including the signed and witnessed Employment Medical Exam Consent (or similar), provided by clinic (releases general health status to Employer).

3. Exam and evaluation by local physician

a. Schedule an appointment with a local physician who can examine or test for the parameters listed in Form A.

b. Along with these instructions, bring or complete to appointment:

* Follow-up Employment Medical Exam Questionnaire (or similar), provided by clinic
* Respiratory Certification, provided by clinic (if applicable)
* Unsigned Employment Medical Exam Consent (or similar), provided by clinic (releases general health status to employer)

Attachment C

Incident Examination Process

For emergencies, call 911.

For OSHA consultation 651/ 297-2393.

For non-emergencies, follow instructions below.

1. Exam and evaluation by a BCOMP

a. Schedule an appointment with a physician who is a BCOMP.

b. Bring to appointment:

* All related Incident Reports
* Safety Data Sheets
* Unsigned Employment Medical Exam Consent (or similar) which is provided by clinic (releases general health status to Employer). Sign at appointment
* Industrial Hygiene reports
* Form B

2. Exam by local physician with evaluation by BCOMP

a. Choose a physician who is knowledgeable in Occupational Medicine or Medical Toxicology who can examine or test for the parameters listed in Form B.

b. Complete and bring to a scheduled appointment:

* All related Incident Reports
* Material Safety Data Sheets
* Industrial Hygiene Report
* Form B
* Unsigned Patient Authorization for Release of Information (or similar), provided by clinic (releases records to BCOMP). Sign at appointment and the local physician will keep a copy; see Form C.
* Unsigned Employment Medical Exam Consent (or similar), provided by clinic (releases general health status to Employer). Sign at appointment.

c. Local physician will forward the following to BCOMP:

* Completed forms
* Physician’s notes from the physical exam
* All test results
* Employment Medical Exam Consent (or similar form), by clinic (releases general health status to Employer), signed and witnessed

3. Exam and evaluation by local physician

a. Complete and bring to the appointment:

* All related Incident Reports
* Material Safety Data Sheets
* Industrial Hygiene Report
* Form B
* Unsigned Employment Medical Exam Consent (or similar), provided by clinic (releases general health status to Employer). Sign consent at appointment.

Attachment D

Job Scenarios- Determining Medical Monitoring Needs

1. Your job is to assist the main HHW facility operator when the volume of waste becomes heavy. This includes tasks such as: lab pack HHW and bulk paint and flammable liquids; however, you will not be expected to wear a respirator for any reason. On average, this amounts to 1 day per month per year.

Baseline examination — not recommended

Surveillance examinations — not recommended

Exit examination — not recommended

Incident examinations for symptoms of overexposure — recommended

Respirator certification — not recommended

2. You are a back-up for the main HHW facility operator. You expect to accept, sort and package HW for 15 to 20 days per year while the facility operator is on vacation. Based on your experience, you anticipate having a spill for which you will need to wear a respirator during clean-up.

Baseline examination — not recommended

Surveillance examinations — not recommended

Exit examination — not recommended

Incident examinations for symptoms of overexposure — recommended

Respirator certification — recommended

3. You are an assistant to the main HHW facility operator. Your job is to accept, sort, labpack and bulk HHW for an average of 1 day per week per year. The bulking is done outdoors or inside of the facility, which has adequate ventilation. You will not be expected to do any spill response, manage unsealed containers of pesticides, or to wear a respirator for any reason.

Baseline examination — recommended

Surveillance examinations — not recommended

Exit examination — recommended

Incident examinations for symptoms of overexposure — recommended

Respirator certification — not recommended

4. As a loyal assistant to an operator of a small HHW facility, you manage HW an average of two days per week for the year. In the past 2 years, you have worn a respirator up to 3 times per year for responding to spills within the facility. You are not expected to manage unsealed containers of pesticides from any source.

Baseline examination — recommended

Surveillance examinations — not recommended

Exit examination — recommended

Incident examinations for symptoms of overexposure — recommended

Respirator certification — recommended

5. You accept, sort and package all of the HHW and VSQG waste received at your facility. You manage HW approximately 100 days per year. Of those 100 days, you manage unsealed containers of homeowners’ (consumer) pesticides for 15 to 20 days.

Baseline examination — recommended

Surveillance examinations — not recommended

Exit examination — recommended

Incident examinations for symptoms of overexposure — recommended

Respirator certification — recommended

6. You run the HHW facility that takes in more waste than any other in the state. As the main HHW facility operator, you have always worked full-time managing HW, including VSQG waste. Your facility also has an agreement with the Minnesota Department of Agriculture to accept and store pesticides from farmers, many of which are in unsealed containers when they come into the facility. You manage pesticides for more than 30 days per year.

Baseline examination — recommended (includes cholinesterase testing)

Surveillance examinations — recommended (biennially)

Exit examination — recommended

Incident examinations for symptoms of overexposure — recommended

Respirator certification — recommended

Attachment E

Access to Medical and Exposure Records

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_maintains a confidential medical record that contains your medical information as it may relate to your employment. It is available for your review or by anyone having your written permission to review it. It is updated as needed.

­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is responsible for maintaining your medical record. It is stored\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This record will be maintained for the duration of your employment plus thirty (30) years, except if you should leave your position before you have been employed more than one year. In that case, the record will be given to you when you leave. There is also a record of potential exposures to hazardous materials such as chemicals or radiations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is responsible for maintaining exposure records. These records are not stored confidentially. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ should be contacted if you wish to review these records.

These exposure records will be maintained for thirty (30) years.

Example Form 1 - Parameters for Medical Monitoring Evaluations

Copies of examination and test results from the medical evaluations should be sent to the clinic provider (do not send original reports, as they will not be returned). These results should include:

* Results of physical examination
* Completed employment medical examination questionnaire(s)
* Laboratory reports (blood and urine)
* Spirometry test results

Any other tests results

1. Physical examination

A brief physical examination involving an examination of targeted organ systems based upon patient response to the medical examination questionnaire. It is recommended the physical examination include, at a minimum:

* Vital signs (blood pressure, pulse, etc.)
* Height
* Weight
* HEENT examination (including otoscopy)
* Pulmonary examination (including auscultation of lungs)
* Cardiovascular examination (auscultation of heart & survey for signs of cardiac failure)
* Brief neurological examination
* Abdominal examination
* Musculoskeletal examination

2. Laboratory tests

1. Blood Counts
2. Red cells
	1. Number (erythrocyte count)
	2. Space occupied (hematocrit)
	3. Size & density (mean cell volume, hemoglobin & hemoglobin concentration)
	4. Amount of hemoglobin (hemoglobin)
3. White Cells

a. Total number (leukocyte count)

b. Number of each type

* + 1. Neutrophil
1. Band (young) neutrophil
2. Lymphocyte
3. Monocyte
4. Eosinophil
5. Basophil
6. Platelets
7. Cell shape & appearance comments
8. Urine Tests
9. Appearance (color & clarity)

2. Specific Gravity (density or concentration)

3. Chemical Analysis

a) Glucose (sugar)

b) pH (acidity)

c) Protein

d) Acetone

e) Hemastix (screen for blood)

f) Bilirubin

g) Urobilinogen

1. Chemistry (Blood)
	1. Electrolytes (Minor abnormalities of these are common and may occur from blood drawing stress or from red cell breakage in handling)

a) Sodium

b) Potassium

c) Chloride

d) Bicarbonate

e) Magnesium

f) Calcium

g) Phosphorus

1. Kidney

a) BUN (urea nitrogen)

b) Creatinine

1. Liver

a) Transaminase (SGOT)

b) Alkaline phosphatase

c) GGT (gamma glutamyl transferase)

d) LD (lactate dehydrogenase)

e) Bilirubin

1. Blood Lipids

a) Cholesterol

b) Triglycerides

1. Blood sugar

a) Glucose

1. Muscle (including heart)

a) CPK (creatine phosphokinase)

1. Miscellaneous

a) Protein

b) Albumin

c) Uric acid

3. Spirometry

A. FEV1 (amount of air breathed out in one second)

B. FVC (total amount of air breathed out)

C. FEV1/FVC (what percentage of air is breathed out in the first second)

D. FEF25-75 (what percentage of the air is breathed out in the mid-portion of the breath)

4. Tests as needed

A. Cholinesterase (for staffs handling unsealed pesticides more than 30 days per year). Baseline tests require two samples one week apart. This test is recommended during an initial screening, following an acute exposure, or regularly as an option (in option testing only one sample is required at follow-up).

B. Hepatitis B vaccine series (Normally not recommended for HHW staffs. However, may be recommended for other job duties per the employer’s Bloodborne Pathogen Plan, if applicable)

C. Audiogram (Only if staff works in a noisy environment or are co-located with others who participate in a hearing conservation program)

D. Heavy metal screen

E. Tetanus

F. Tuberculosis**Example Form 2- Parameters for Incident Examinations**

*(Hospital’s name: Examinations for Occupational Exposure or Suspected Occupational Health Problem)*

**1. Schedule an appointment with a physician who is Board-Certified in Occupational Medicine or Medical Toxicology.**

2. Bring any available Incident Reports, Material Safety Data Sheets, and Industrial Hygiene reports to the examination.

3. The physician should complete a comprehensive history including at least:

* details of the conditions of exposure and the materials to which staff was exposed
* the symptoms, if any, considered possibly related to the exposure
* thorough past medical history, including all medications - prescription and OTC - used by staff
* thorough occupational and environmental history, including other jobs, hobbies, and home exposures
* thorough social history, including use of tobacco, alcohol, and recreational drugs
* a family history
* a complete review of systems

4. It is recommended the physician complete a comprehensive physical examination including:

* vital signs, height, weight
* general appearance (nutrition, bodily habitus, deformities, grooming)
* skin survey
* palpation of cervical, auxiliary, and inguinal lymph nodes
* inspection of lids, conjunctiva, pupils; ophthalmoscopic evaluation
* inspection of ears, nose, lips, mouth; otoscopic evaluation
* examination of neck (masses, thyroid)
* inspection, palpation, percussion, and auscultation of the chest
* palpation and auscultation of the heart, carotids, and aorta; palpation of peripheral pulses
* inspection and palpation of abdomen, liver, and spleen; auscultation of abdomen
* rectal examination; test for occult blood
* assessment of gait and posture
* inspection and palpation of limbs (muscle mass and tone; joint range of motion)
* tests of cranial nerves, deep tendon reflexes, muscle strength; and peripheral sensation

5. The physician should order any appropriate diagnostic testing but also including:

* complete blood counts of red cells with morphologic indices, white cells including differential counts, and platelets
* urine tests including appearance, specific gravity, dipstick chemical analysis, and microscopic analysis
* blood chemistry tests including sodium, potassium, chloride, bicarbonate, calcium, phosphorus, BUN, creatinine, SGOT, SGPT, GGT, LDH, bilirubin, cholesterol, protein, albumin, uric acid

Example Form 3

Use this form to transmit medical records to Board Certified Occupational Medicine Physician for review and evaluation.

##### Attention Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Certified Occupational Medicine Physician or Local Physician

Please check applicable boxes [ ]  Baseline exam

 [ ]  Including respirator certification

 [ ]  Surveillance exam

 [ ]  Exit exam

 [ ]  Incident exam

###### RE: MEDICAL MONITORING EXAMINATION REVIEW—HOUSEHOLD HAZARDOUS WASTE STAFF

For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_ Employer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County

 (Staff Name)

Examination conducted at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Clinic Name)

Clinic address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clinic phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clinic contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (city, state, zip code)

Enclosed please find the results of a medical monitoring examination conducted for the person listed above. This patient is employed at a household hazardous waste (HHW) collection site. These medical records are being submitted for review and evaluation by a Board-Certified Occupational Medicine Physician. These records and all related evaluation results are to be maintained with clinic files. Only general health status reports are to be sent back to the employer of the patient (see information listed above).

This patient may already have an existing medical file located at this or another clinic. It is the patient’s responsibility to ensure all previous medical monitoring records, including physical results, laboratory and spirometry results, health questionnaires, etc. is released to the reviewing clinic.