

Table 1. Standard Table for Collection of Medical Surveillance Information

Topic	Subtopic	Regulation	Referrer ¹	Criteria & When	Information provided by Referrer ²	Type ³	Exam Content ⁴	Type & Frequency	Declination	Key Exam Records ^{5,6,7}	Exam Results ^{8,9,10,11,12}
Animal Care	Animal Care Worker	Pub 3000 National Research Council Guide for the Care and Use of Laboratory Animals	Supervisor, Group Lead, SME	Prior to starting work as an animal care worker	INDIVIDUAL	MR	<ul style="list-style-type: none"> Medical history update Employee report of exposure (RPE) Blood Chem, CBC, UA offered Spirometry as needed Tetanus and PPD assessment (need tetanus initially then five yr) Physical exam offered-focus on allergies and respiratory assessment Questionnaire sent in advance by Clinic	Annual	N/A	Check-off to show exams were completed with space for comments	No regulatory required form or content. Clinic will define report to employee, supervisor, and Program Manager.
Animal Care Worker	Animal Care Facilities Worker	Pub 3000 National Research Council Guide for the Care and Use of Laboratory Animals	Supervisor, Group Lead, SME	Prior to starting work as an animal care facilities person	INDIVIDUAL	MR for most; some MO	<ul style="list-style-type: none"> Medical history update Employee report of exposure (RPE) Blood Chem, CBC, UA offered Spirometry as needed Tetanus and PPD assessment (need tetanus initially then five yr) Physical exam offered-focus on allergies and respiratory assessment Questionnaire sent in advance by Clinic	Annual	Y	Check-off to show exams were completed with space for comments	No regulatory required form or content. Clinic will define report to employee, supervisor, and Program Manager.
Animal Care Worker	Animal Care Researcher	Pub 3000 National Research Council Guide for the Care and Use of Laboratory Animals	Supervisor, Group Lead, SME	Prior to starting work as an animal care researcher	INDIVIDUAL	MR quest; others are MO	<ul style="list-style-type: none"> Medical history update Employee report of exposure (RPE) Blood Chem, CBC, UA offered Spirometry as needed Tetanus and PPD assessment (need tetanus initially then five yr) Physical exam offered-focus on allergies and respiratory assessment Questionnaire sent in advance by Clinic	Annual	N/A	Check-off to show exams were completed with space for comments	No regulatory required form or content. Clinic will define report to employee, supervisor, and Program Manager.

¹ Referrer is the person who identifies the person for enrollment

² The referring information will be classed as either individual or group(s). Group referrals typically require grouping of personnel with similar exposures. Individual information needed for enrollment is defined by regulation and, as appropriate, by the clinic director

³ MR=Mandatory Required; MO=Mandatory Offer; V=Voluntary

⁴ Any entry in red type on this page is not specified by regulation, but is based on opinion and practice by the clinic. For a more complete list of exam by frequency and requirement for each Surveillance Group, see Table 2

⁵ Exam results for each step must be recorded in the database at a minimal level, showing the exam was completed, but details will mostly be in the hard copy medical files. The new software will not attempt to implement an electronic medical record system.

⁶ Unless specified below, all test information such as blood levels will not be entered into the database.

⁷ All hearing and spirometry results will be imported into the database

⁸ Where a "second physician" option must be offered as per regulation, this will included in the exam results letter

⁹ As a general feature, all "employer" reports will go automatically to the person referring the individual(s) into surveillance, to the employee's supervisor, and to the SME. If there is a "pass/fail" or some other decision, an appropriate record of that will be contained in the data record for the employee exam. A copy of the opinion will be retained in the employee medical record files.

As a general feature, the employee report will be kept in the employee medical record file and will not be made available to anyone other than the employee and their physician.

To the maximum extent possible, both employee and employer reports will be automated both in generation and in mailing. The date of mailing the reports will be recorded in the database

¹⁰ As a general feature, all medical surveillance will have a feature showing if the lab reports have been received and all required reports and notices have been completed. The surveillance exam will be labeled as "open" until these have been checked off as having been completed.

¹¹ As a general rule, all medical removal actions will be documented and handled outside the medical surveillance database (this is an unusual event within LBNL). However, the database will have a check-off mark if follow-up action is required to show which personnel/exams that was associated with (for ease of identification and searching)

¹² If a lab test is done, copies of the results are provided to the employee (hard copy mail – email is not acceptable)

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Asbestos	Voluntary	N/A	Auto-refer from training list; re-move when leave Lab.	All personnel who take asbestos training (either construction or general industry) will be listed in this group as being eligible for asbestos voluntary exams	N/A	V	As a choice, follow 8 CCR 1529(m)(2)(B)(1)-(3) - Medical and work history with emphasis on pulmonary, cardiovascular, and gastrointestinal systems; - Standard Questionnaire from Appendix D Part 2, as modified by clinic [to be sent prior to exam] - A physical examination directed to the pulmonary and gastrointestinal systems, including a chest roentgenogram, - Pulmonary function tests of forced vital capacity (FVC) and forced expiratory volume at one second (FEV(1)). Note: Interpretation and classification of chest roentgenograms shall be conducted in accordance with Appendix E	Voluntary	N/A	Check-off to show that exams were completed with comment field	No regulatory required form or content. Clinic will define report to employee, supervisor, and Program Manager.
Asbestos (construction)	Annual Exam	8 CCR 1529(m)(2)(A)(3)	Asbestos Program Manager	Employees who, for a combined total of 30 or more days per year, are engaged in Class I, II and III work or are exposed at or above the permissible exposure limit.	GROUP AND INDIVIDUAL (currently, only group is IH personnel doing surveillance) 8 CCR 1529(m)(3) - A description of the affected employee's duties as they relate to the employee's exposure; - The employee's representative exposure level or anticipated exposure level; - A description of any personal protective and respiratory equipment used or to be used; and - Information from previous medical examinations of the affected employee that is not otherwise available to the examining physician.	MO	8 CCR 1529(m)(2)(B)(1)-(3) - Medical and work history with emphasis on pulmonary, cardiovascular, and gastrointestinal systems; - Standard Questionnaire from Appendix D Part 2, as modified by clinic [to be sent prior to exam]] - A physical examination directed to the pulmonary and gastrointestinal systems, including a chest roentgenogram to be administered in accordance with Table 2 below, - Pulmonary function tests of forced vital capacity (FVC) and forced expiratory volume at one second (FEV(1)). Note: Interpretation and classification of chest roentgenograms shall be conducted in accordance with Appendix E	Periodic/Annual	No specific form	Check-off to show that exams were completed with comment field	8 CCR 1529(m)(4) Written Opinion to Employer: 1. The physician's opinion as to whether the employee has any detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos; 2. Any recommended limitations on the employee or on the use of personal protective equipment such as respirators; and 3. A statement that the employee has been informed by the physician of the results of the medical examination and of any medical conditions that may result from asbestos exposure. 4. A statement that the employee has been informed by the physician of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure. Copy of written opinion to employee within 30 days

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Asbestos (construction)	Initial Exam	8 CCR 1529(m)(2)(A)(1)-(2)	Asbestos Program Manager	<p>8 CCR 1529(m)(2)(A)¹³ Employees who, for a combined total of 30 or more days per year, are engaged in Class I, II and III work or are exposed at or above the permissible exposure limit.</p> <p>To be given prior to: - exposure above PEL more than 30 days per year or - engagement in Class I, II or III work for a combined total of 30 or more days per year, or - assignment where negative pressure respirators are worn</p>	<p>GROUP AND INDIVIDUAL (only group is IH personnel doing surveillance) 8 CCR 1529(m)(3) - A description of the affected employee's duties as they relate to the employee's exposure; - The employee's representative exposure level or anticipated exposure level; - A description of any personal protective and respiratory equipment used or to be used; and - Information from previous medical examinations of the affected employee that is not otherwise available to the examining physician.</p>	MO	<p>8 CCR 1529(m)(2)(B)(1)-(3) - Medical and work history with emphasis on pulmonary, cardiovascular, and gastrointestinal systems; - Standard Questionnaire from Appendix D Part 1 clinic [to be pre-sent prior to the exam] - A physical examination directed to the pulmonary and gastrointestinal systems, including a chest roentgenogram to be administered in accordance with Table 2 below, - Pulmonary function tests of forced vital capacity (FVC) and forced expiratory volume at one second (FEV(1)).</p> <p>Note: Interpretation and classification of chest roentgenograms shall be conducted in accordance with Appendix E</p>	Baseline	No specific form	Check-off to show that exams were completed with comment field	<p>8 CCR 1529(m)(4) Written Opinion to Employer: 1. The physician's opinion as to whether the employee has any detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos; 2. Any recommended limitations on the employee or on the use of personal protective equipment such as respirators; and 3. A statement that the employee has been informed by the physician of the results of the medical examination and of any medical conditions that may result from asbestos exposure. 4. A statement that the employee has been informed by the physician of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.</p> <p>Copy of written opinion to employee within 30 days</p>

¹³ See regulation for definitions of Class I-IV work activity and PEL

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Beryllium	Baseline	10 CFR 850.34	Beryllium Program Manager	<p>850.34(a)(5)(i) List of all beryllium associated workers as are identified</p> <p>Beryllium-associated worker means a current worker who is or was exposed or potentially exposed to airborne concentrations of beryllium at a DOE facility, including:</p> <p>(1) A beryllium worker;</p> <p>(2) A current worker whose work history shows that the worker may have been exposed to airborne concentrations of beryllium at a DOE facility;</p> <p>(3) A current worker who exhibits signs or symptoms of beryllium exposure; and</p> <p>(4) A current worker who is receiving medical removal protection benefits.</p> <p>Beryllium activity means an activity taken for, or by, DOE at a DOE facility that can expose workers to airborne beryllium, including but not limited to design, construction, operation, maintenance, or decommissioning, and which may involve one DOE facility or operation or a combination of facilities and operations.</p> <p>Beryllium worker means a current worker who is regularly employed in a DOE beryllium activity.</p>	<p>INDIVIDUAL & GROUP</p> <p>850(a)(5) General Information</p> <p>(i) List of beryllium-associated workers required by paragraph (a)(4) of this section;</p> <p>(ii) Baseline inventory;</p> <p>(iii) Hazard assessment and exposure monitoring data;</p> <p>(iv) Identity and nature of activities or operations on the site that are covered under the CBDPP, related duties of beryllium-associated workers; and</p> <p>(v) Type of personal protective equipment used.</p> <p>850.34 (a)(6) Specific Information</p> <p>(ii) A description of the worker's duties as they pertain to beryllium exposure;</p> <p>(iii) Records of the worker's beryllium exposure; and</p> <p>(iv) A description of the personal protective and respiratory protective equipment used by the worker in the past, present, or anticipated future use.</p>	MO	<p>10 CFR 850.34(a)(6)</p> <p>A detailed medical and work history with emphasis on past, present, and anticipated future exposure to beryllium;</p> <p>(ii) A respiratory symptoms questionnaire;</p> <p>(iii) A physical examination with special emphasis on the respiratory system, skin and eyes;</p> <p>(iv) A chest radiograph (posterioranterior, 14 x 17 inches) interpreted by a National Institute for Occupational Safety and Health (NIOSH) B-reader of pneumoconiosis or a board-certified radiologist (unless a baseline chest radiograph is already on file);</p> <p>(v) Spirometry consisting of forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV1);</p> <p>(vi) A Be-LPT; and</p> <p>(vii) Any other tests deemed appropriate by the examining physician for evaluating beryllium-related health effects.</p> <p>Must offer multiple physician review process (10 CFR 850.34(c))</p>	Baseline	Appendix A to Part 850 (1 wk prior to evaluation must send either content shown in footnote or link to that content in web site) ¹⁴	Check-off to show exams were completed with comment field	<p>850.34 – (e)(i)</p> <p>Within two weeks of receipt of results, the SOMD must provide to the responsible employer a written, signed medical opinion for each medical evaluation performed on each beryllium-associated worker. The written opinion must take into account the findings, determinations and recommendations of the other examining physicians who may have examined the beryllium-associated worker. The SOMD's opinion must contain:</p> <p>(i) The diagnosis of the worker's condition relevant to occupational exposure to beryllium, and any other medical condition that would place the worker at increased risk of material impairment to health from further exposure to beryllium;</p> <p>(ii) Any recommendation for removal of the worker from DOE beryllium activities, or limitation on the worker's activities or duties or use of personal protective equipment, such as a respirator; and</p> <p>(iii) A statement that the SOMD or examining physician has clearly explained to the worker the results of the medical evaluation, including all tests results and any medical condition related to beryllium exposure that requires further evaluation or treatment.</p> <p>(2) The SOMD's written medical opinion must not reveal specific records, findings, and diagnoses that are not related to medical conditions that may be affected by beryllium exposure.</p> <p>The SOMD must provide each beryllium-associated worker with a written medical opinion containing the results of all medical tests or procedures, an explanation of any abnormal findings, and any recommendation that the worker be referred for additional testing for evidence of CBD, within 10 working days after the SOMD's receipt of the results of the medical tests or procedures.</p>

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Beryllium	Associated Worker Periodic	DOE 10 CFR 850	Same as initial	Same as initial	Same as initial	MO	(A) A detailed medical and work history with emphasis on past, present, and anticipated future exposure to beryllium; (B) A respiratory symptoms questionnaire; (C) A physical examination with emphasis on the respiratory system; (D) A Be-LPT; and (E) Any other medical evaluations deemed appropriate by the examining physician for evaluating beryllium related health effects.	Every three years	Appendix A to Part 850 (1 wk prior to evaluation must send either content shown in footnote or link to that content in web site) ¹⁵	Check-off to show exams were completed with comment field	Same as baseline
Beryllium	Worker Annual	DOE 10 CFR 850	Same as initial	Same as initial	Same as initial	MO	(A) A detailed medical and work history with emphasis on past, present, and anticipated future exposure to beryllium; (B) A respiratory symptoms questionnaire; (C) A physical examination with emphasis on the respiratory system; (D) A Be-LPT; and (E) Any other medical evaluations deemed appropriate by the examining physician for evaluating beryllium related health effects.	Annual	Appendix A to Part 850 (1 wk prior to evaluation must send either content shown in footnote or link to that content in web site) ¹⁶	Check-off to show exams were completed with comment field	Same as baseline
Biological Agents and Workers with Compromised Health	Immune competence	Biosafety In Microbiological and Biomedical Laboratories, 5 th ed. Section IV Laboratory Biosafety Level 2 (A.11.) Criteria and VII Occupational Health and Immunoprophylaxis. Also Biosafety Manual Section 5.3, and C.3.1.11.	Employee, Supervisor	Driven by risk assessment documented in the Biosafety Work Authorization and self-identification	INDIVIDUAL Biosafety Work Authorization,	MO	Provide consultation and information regarding immune competence and conditions that may predispose them to infection.	Initial and/or periodic	N/A	Check-off to show that exams were completed with comment field	Highly varied – cannot generate via computer

¹⁴ The responsible employer must provide each beryllium-associated worker with a summary of the medical surveillance program established in §850.34 at least one week before the first medical evaluation or procedure or at any time requested by the worker. This summary must include:

- (1) The type of data that will be collected in the medical surveillance program;
- (2) How the data will be collected and maintained;
- (3) The purpose for which the data will be used; and
- (4) A description of how confidential data will be protected.

(b) Responsible employers must also provide each beryllium-associated worker with information on the benefits and risks of the medical tests and examinations available to the worker at least one week prior to any such examination or test, and an opportunity to have the worker's questions answered.

(c) The responsible employer must have the SOMD obtain a beryllium-associated worker's signature on the informed consent form found in Appendix A to this part, before performing medical evaluations or any tests.

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- (1) The type of data that will be collected in the medical surveillance program;
- (2) How the data will be collected and maintained;
- (3) The purpose for which the data will be used; and
- (4) A description of how confidential data will be protected.

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- (1) The type of data that will be collected in the medical surveillance program;
- (2) How the data will be collected and maintained;
- (3) The purpose for which the data will be used; and
- (4) A description of how confidential data will be protected.

(b) Responsible employers must also provide each beryllium-associated worker with information on the benefits and risks of the medical tests and examinations available to the worker at least one week prior to any such examination or test, and an opportunity to have the worker's questions answered.

(c) The responsible employer must have the SOMD obtain a beryllium-associated worker's signature on the informed consent form found in Appendix A to this part, before performing medical evaluations or any tests.

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Biosafety Human Pathogens	Potential exposure identified in Biosafety Work Authorization	Biosafety In Microbiological and Biomedical Laboratories, 5 th ed. Section IV Laboratory Biosafety Level 2 (B.2.) Criteria and Section VII Occupational Health and Immunoprophylaxis. Also Biosafety Manual Section 5.3, and C.3.2.2	Employee, Supervisor, or Biosafety Officer (SME)	Driven by risk assessment documented in the Biosafety Work Authorization	INDIVIDUAL Biosafety Work Authorization	MR	Appropriate medical surveillance and immunizations for the agents that are handled or present in the laboratory.	Initial and/or periodic	N/A	Check-off to show that exams were completed with comment field	Highly varied – cannot generate via computer
Bloodborne Pathogen	Vaccination	29 CFR 1910.1030				MO	<ul style="list-style-type: none"> Handled in a separate process (not through medical surveillance) 				
Chemical Hygiene	Voluntary	29 CFR 1910.1450(g)(1) as guidance	Auto-refer from chemical hygiene training	Listed when take chemical hygiene training as being eligible (no notice given)	None	V	In this case, the type of exam will be highly varied based on type of exposure and will probably have to be written in (or done via check-off from a long list)	Voluntary	N/A	Check-off to show exams were completed with space for comments	Highly varied – cannot generate via computer
Crane Operator	Chapter 27.5 >2 tons	No Regulation - Currently have Pub 3000 Chap 27 - Clinic follows NCCCO Handbooks, which matches ASME B30 - 10 CFR 851 App A 8(g)(2)(ii) requires fitness for duty exam	Crane SME Auto refer from class enrollment	Prior to Use, then every 3 years Auto-refer from training program EHS0206 or from JHA [not sure which]	INDIVIDUAL Clinic will receive a copy of "crane training application"; no action until it is filled out and signed by supervisor	MR	Current Practice: NCCCO Physical Examination & Physician Instructions, which matches ASME B30 Pub 3000 Chapter 27 Pass medical examination and/or review of medical information on file at Health Services	Periodic/3 year (frequency not listed in Pub 3000) RAR to propose wording	N/A	Check-off to show exams were completed with space for comments	Fitness for duty restriction with any limitations. No regulatory required form or format.
Crane Operator	Chapter 27.5 >2 tons and mobile crane driver	8 CCR 5006.1	Crane SME or Supervisor (added by clinic if from supervisor)	DOT needed for anyone who drives crane	INDIVIDUAL Clinic will receive a copy of "crane training application"; no action until it is filled out and signed by supervisor	MR	CA-OSHA Pass a physical examination conducted by a physician which at a minimum shall include the examination criteria specified in the American Society of Mechanical Engineers (ASME) B30.5-2000 standard, Chapter 5-3.1.2(a)(1-5, 7, 8) or the U.S. Department of Transportation (US DOT) physical examination requirements contained in 49 CFR Sections 391.41 through 391.49. Clinic Current Practice - DOT exam for those who drive the crane	Periodic/2 year	N/A	Check-off to show exams were completed with space for comments	Fitness for duty restriction with any limitations. No regulatory required form or format.
Crane Operator	Chapter 27.5 <2 tons	No Regulation - Currently have Pub 3000 Chap 27 - Clinic follows NCCCO Handbooks, which matches ASME B30. - 10 CFR 851 App A 8(g)(2)(ii) requires fitness for duty exam	Crane SME (added by clinic when the person calls to schedule)	Referred to Clinic only when employee does not have a valid CA driver's license. Referral comes during training class - person	INDIVIDUAL Clinic will receive a copy of "crane training application"; no action until it is filled out and signed by supervisor	MR	Current Practice: NCCCO Physical Examination & Physician Instructions, which matches ASME B30. Note: ASME B30 does not apply to many low capacity cranes (differs by type of crane, but the cutoff is often 0.5 tons or 1 tons) Pub 3000 Chapter 27 Health requirements that would entitle them to operate a motor vehicle in the state of CA	Periodic/3 year (from ASME) RAR to propose wording	N/A	Check-off to show exams were completed with space for comments	Fitness for duty restriction with any limitations. No regulatory required form or format.

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DOT Driver	Driver Medical Exam	49 CFR 391.41 et seq.	Supervisor overseeing commercial vehicles driven by lab personnel which require a CDL	Prior to driving a commercial vehicle requiring a CDL	GROUP The medical examiner must be aware of the rigorous physical, mental, and emotional demands placed on the driver of a commercial motor vehicle.	MR	49 CFR 391.43(f) Specific instructions and exam form given for the required exam (not reproduced here)	Periodic/2 years Can be changed based on exam to 1 yr, 9 mo, 3 mo depending on results	N/A	Check-off to show exams were completed with space for comments	10 CFR 391.43(f) Completed Mandatory examination form (only kept in medical file) Medical certificate as specified in 391.43(h)
DOT Driver	Driver Medical Exam Voluntary (for personnel who are not mandatory DOT drivers)	49 CFR 391.41 et seq.	Supervisor overseeing commercial vehicles driven by lab personnel which require a CDL	Prior to driving a commercial vehicle requiring a CDL	GROUP The medical examiner must be aware of the rigorous physical, mental, and emotional demands placed on the driver of a commercial motor vehicle.	V	49 CFR 391.43(f) Specific instructions and exam form given for the required exam (not reproduced here) Exams are mandatory if want the certificate, but voluntary if only want to keep exams alive to allow re-activation of certificate at a point in the future	Periodic/2 years Can be changed based on exam to 1 yr, 9 mo, 3 mo depending on results	N/A	Check-off to show exams were completed with space for comments	10 CFR 391.43(f) Completed Mandatory examination form (only kept in medical file) Medical certificate as specified in 391.43(h)
Exposure Incident	Beryllium Exposure Incident	DOE 10 CFR 850	Supervisor or Beryllium Program Manager	The responsible employer must provide a medical evaluation as soon as possible to any worker who may have been exposed to beryllium because of a beryllium emergency.	Same as initial Beryllium plus information concerning type of exposure	MO	Same as Beryllium Worker periodic	Emergency	Same as periodic	Check-off to show exams were completed with comment field	Same as Beryllium initial

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Exposure Incident	Bloodborne Pathogen Exposure Incident	29 CFR 1910.1030 Biosafety Manual Section 3.3.4 , 5.3, and 5.10.2	Employee, Supervisor. Exposed Employee, or SAAR notification process	When exposure occurs ("immediately")	INDIVIDUAL 1910.1030(f)(4) - A description of the exposed employee's duties as they relate to the exposure incident; - Documentation of the route(s) of exposure and circumstances under which exposure occurred; - Results of the source individual's blood testing, if available; and - All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.	MO	29 CFR 1910.1030(f)(3) Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements: - Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred; - Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law; - The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented. - When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated. - Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. - Collection and testing of blood for HBV and HIV serological status; -The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. - If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible. - Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service; - Counseling; and - Evaluation of reported illnesses. See also f(1) and f(2) for general obligations and re-offer of Hep B vaccination	Event	No specific form, but must document that Hep B was offered if not already vaccinated	Check-off to show exams were completed with space for comments	See exam content on results of testing of source individual and below 1910.1030(f)(5) The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. - The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination. - The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information: - That the employee has been informed of the results of the evaluation; and - That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. - All other findings or diagnoses shall remain confidential and shall not be included in the written report.

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Exposure Incident	Chemical Exposure Incident	29 CFR 1910.1450(g)(1)	Employee Supervisor, Chemical Hygiene Officer, Exposed Employee	<p>1910.1450(g)(1) The employer shall provide all employees who work with hazardous chemicals an opportunity to receive medical attention, including any follow-up examinations which the examining physician determines to be necessary, under the following circumstances:</p> <ul style="list-style-type: none"> - Whenever an employee develops signs or symptoms associated with a hazardous chemical to which the employee may have been exposed in the laboratory, the employee shall be provided an opportunity to receive an appropriate medical examination. - Where exposure monitoring reveals an exposure level routinely above the action level (or in the absence of an action level, the PEL) for an OSHA regulated substance for which there are exposure monitoring and medical surveillance requirements, medical surveillance shall be established for the affected employee as prescribed by the particular standard. - Whenever an event takes place in the work area such as a spill, leak, explosion or other occurrence resulting in the likelihood of a hazardous exposure, the affected employee shall be provided an opportunity for a medical consultation. Such consultation shall be for the purpose of determining the need for a medical examination. 	<p>INDIVIDUAL 1910.1450(g)(3) The employer shall provide the following information to the physician:</p> <ul style="list-style-type: none"> - The identity of the hazardous chemical(s) to which the employee may have been exposed; - A description of the conditions under which the exposure occurred including quantitative exposure data, if available; and - A description of the signs and symptoms of exposure that the employee is experiencing, if any. 	MO	In this case, the type of exam will be highly varied based on type of exposure and will probably have to be written in (or done via check-off from a long list)	Event	No form specified	Check-off to show exams were completed with space for comments	<p>29 CFR 1910.1450(g)(4) For examination or consultation required under this standard, the employer shall obtain a written opinion from the examining physician which shall include the following:</p> <ul style="list-style-type: none"> - Any recommendation for further medical follow-up; - The results of the medical examination and any associated tests; - Any medical condition which may be revealed in the course of the examination which may place the employee at increased risk as a result of exposure to a hazardous workplace; and - A statement that the employee has been informed by the physician of the results of the consultation or medical examination and any medical condition that may require further examination or treatment. - The written opinion shall not reveal specific findings of diagnoses unrelated to occupational exposure.

Topic	Subtopic	Regulation	Referrer ¹	Criteria & When	Information provided by Referrer ²	Type ³	Exam Content ⁴	Type & Frequency	Declination	Key Exam Records ^{5,6,7}	Exam Results ^{8,9,10,11,12}
Exposure Incident	Hazwoper Exposure incident	29 CFR 1910.120(a)(1)(i)-(iv); (f)(2)(iii)	Hazwoper Subject Matter Expert or Supervisor	As soon as possible following the emergency incident or development of signs or symptoms	INDIVIDUAL Exposure event information	MO	29 CFR 1910.120(f)(4) - Medical examinations required by paragraph (f)(3) of this section shall include a medical and work history (or updated history if one is in the employee's file) with special emphasis on symptoms related to the handling of hazardous substances and health hazards, and to fitness for duty including the ability to wear any required PPE under conditions (i.e., temperature extremes) that may be expected at the work site. - The content of medical examinations or consultations made available to employees pursuant to paragraph (f) shall be determined by the attending physician. The guidelines in the Occupational Safety and Health Guidance Manual for Hazardous Waste Site Activities (See Appendix D, reference # 10) should be consulted. Exam Content • Medical history update* • Employee report of exposure (RPE)* • If SCBA user: o Respiratory symptoms questionnaire* o Spirometry* • General physical exam o Ht, wt, BP, HR o Vision o Hearing (not necessarily audio booth) • Blood Chem, CBC, UA offered • EKG if clinically indicated • Tetanus booster assessment *required	Exposure/As needed	No specific form	Check-off to show exams were completed with space for comments	Same as annual Hazwoper
Exposure Incident	Laser Exposure Incident	ANSI Z136.1	Supervisor & Laser Officer	ANSI Z136.1 Section 6.1 Personnel who have a suspected laser-induced injury. Exam should be done as soon as practical (within 48 hours).	INDIVIDUAL ANSI Z136.1 Section 6.1 Exposure wavelength, emission characteristics, and exposure situation to be provide to medical personnel	MO	Same as laser baseline, as adjusted by type of exposure and insult to eye	Exposure	N/A	Check-off to show exams were completed with space for comments	No regulatory required form or content. Clinic will define report to employee, supervisor, and Program Manager.
Exposure Incident	Biological Exposure Incident	Biosafety In Microbiological and Biomedical Laboratories, 5 th ed. Section IV Laboratory Biosafety Level 2 (B.8) Criteria and Section VII Occupational Health and Immunoprophylaxis. Also Biosafety Manual Section 5.3, 5.10.2, and C.3.2.8.	Employee Supervisor, Exposed Employee, or SAAR notification process	As soon as feasible following exposure ("immediately")	INDIVIDUAL Biosafety Work Authorization, initial accident information	MO	BMBL Section IV Laboratory Biosafety Level 2 (B.8) Criteria: Medical evaluation, surveillance, and treatment should be provided and appropriate records maintained.	Exposure Incident	N/A	Check-off to show that exams were completed with comment field	BMBL Section VII Occupational Health and Immunoprophylaxis: The medical provider's description of the injury should include: 1) The potential infectious agent. 2) The mechanism and route of exposure (percutaneous, splash to mucous membranes or skin, aerosol, etc.). 3) Time and place of the incident. 4) Personal protective equipment used at the time of the injury. 5) Prior first aid provided (e.g., nature and duration of cleaning and other aid, time that lapsed from exposure to treatment). 6) Aspects of the worker's personal medical history relevant to risk of infection or complications of treatment.

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General Health Exam	Age Based	10 CFR 851 App A 8(g)(2)(i)	Automatic from list of employees based on initial employment and age	At time following initial employment and at certain times thereafter based on age	INDIVIDUAL	MO	At the time of employment entrance or transfer to a job with new functions and hazards, a medical placement evaluation of the individual's general health and physical and psychological capacity to perform work will establish a baseline record of physical condition and assure fitness for duty Content depends on age (clinic has developed schedule of exams by age)	Voluntary Age-based – see criteria column	N/A	Check-off to show exams were completed with space for comments	No regulatory required form or content. Clinic will define report to employee, supervisor, and Program Manager.
Hazwoper	Periodic Exam	29 CFR 1910.120(a)(1)(i)-(iv); f(2)(ii)	Hazwoper Subject Matter Expert	At least once every twelve months for each employee covered unless the attending physician believes a longer interval (not greater than biennially) is appropriate	GROUP AND INDIVIDUAL 1910.120(f)(6) - A description of the employee's duties as they relate to the employee's exposures, - The employee's exposure levels or anticipated exposure levels. - A description of any personal protective equipment used or to be used. - Information from previous medical examinations of the employee, which is not readily available to the examining physician. - Information required by respiratory protection program	MO	29 CFR 1910.120(f)(4) - Medical examinations required by paragraph (f)(3) of this section shall include a medical and work history (or updated history if one is in the employee's file) with special emphasis on symptoms related to the handling of hazardous substances and health hazards, and to fitness for duty including the ability to wear any required PPE under conditions (i.e., temperature extremes) that may be expected at the work site. - The content of medical examinations or consultations made available to employees pursuant to paragraph (f) shall be determined by the attending physician. The guidelines in the Occupational Safety and Health Guidance Manual for Hazardous Waste Site Activities (See Appendix D, reference # 10) should be consulted. Exam Content • Medical history update* • Employee report of exposure (RPE)* • If SCBA user: o Respiratory symptoms questionnaire* o Spirometry* • General physical exam o Ht, wt, BP, HR o Vision o Hearing (not necessarily audio booth) • Blood Chem, CBC, UA offered • EKG if clinically indicated • Tetanus booster assessment * required	Periodic/Annual unless revised Note: Periodic may not exceed 24 months	No specific form	Check-off to show exams were completed with space for comments	Written opinion to employer and employee: - The physician's opinion as to whether the employee has any detected medical conditions that would place the employee at increased risk of material impairment of the employee's health from work in hazardous waste operations or emergency response, or from respirator use. - The physician's recommended limitations upon the employees assigned work. - The results of the medical examination and tests if requested by the employee [not to be provided to the employer]. - A statement that the employee has been informed by the physician of the results of the medical examination and any medical conditions that require further examination or treatment.

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Hazwoper	Baseline	29 CFR 1910.120(a)(1)(i)-(iv); f(2)(ii)	Hazwoper Subject Matter Expert	29 CFR 1910.120(f)(2) - All employees who are or may be exposed to hazardous substances or health hazards at or above the established permissible exposure limit, above the published exposure levels for these substances, without regard to the use of respirators, for 30 days or more a year; - All employees who wear a respirator for 30 days or more a year or as required by 1910.134 To be done prior to assignment [Not sure if this applies to anyone at LBL]	GROUP AND INDIVIDUAL 1910.120(f)(6) - A description of the employee's duties as they relate to the employee's exposures, - The employee's exposure levels or anticipated exposure levels. - A description of any personal protective equipment used or to be used. - Information from previous medical examinations of the employee, which is not readily available to the examining physician. - Information required by respiratory protection program	MO	29 CFR 1910.120(f)(4) - Medical examinations required by paragraph (f)(3) of this section shall include a medical and work history (or updated history if one is in the employee's file) with special emphasis on symptoms related to the handling of hazardous substances and health hazards, and to fitness for duty including the ability to wear any required PPE under conditions (i.e., temperature extremes) that may be expected at the work site. - The content of medical examinations or consultations made available to employees pursuant to paragraph (f) shall be determined by the attending physician. The guidelines in the Occupational Safety and Health Guidance Manual for Hazardous Waste Site Activities (See Appendix D, reference # 10) should be consulted. Exam Content • Medical history update* • Employee report of exposure (RPE)* • If SCBA user: o Respiratory symptoms questionnaire* o Spirometry* • General physical exam o Ht, wt, BP, HR o Vision o Hearing (not necessarily audio booth) • Blood Chem, CBC, UA offered • EKG if clinically indicated • Tetanus booster assessment * required	Initial	No specific form	Check-off to show exams were completed with space for comments	Written opinion to employer and employee: - The physician's opinion as to whether the employee has any detected medical conditions that would place the employee at increased risk of material impairment of the employee's health from work in hazardous waste operations or emergency response, or from respirator use. - The physician's recommended limitations upon the employees assigned work. - The results of the medical examination and tests if requested by the employee [not to be provided to the employer]. - A statement that the employee has been informed by the physician of the results of the medical examination and any medical conditions that require further examination or treatment.
Hazwoper	Voluntary	29 CFR 1910.120(a)(1)(i)-(iv); f(2)(ii) as guide	Hazwoper Subject Matter Expert	29 CFR 1910.120(f)(2) Provided to all Hazwoper employees not in a mandatory group	GROUP AND INDIVIDUAL 1910.120(f)(6) - A description of the employee's duties as they relate to the employee's exposures, - The employee's exposure levels or anticipated exposure levels. - A description of any personal protective equipment used or to be used. - Information from previous medical examinations of the employee which is not readily available to the examining physician. - Information required by respiratory protection program	V	29 CFR 1910.120(f)(4) - Medical examinations required by paragraph (f)(3) of this section shall include a medical and work history (or updated history if one is in the employee's file) with special emphasis on symptoms related to the handling of hazardous substances and health hazards, and to fitness for duty including the ability to wear any required PPE under conditions (i.e., temperature extremes) that may be expected at the work site. - The content of medical examinations or consultations made available to employees pursuant to paragraph (f) shall be determined by the attending physician. The guidelines in the Occupational Safety and Health Guidance Manual for Hazardous Waste Site Activities (See Appendix D, reference # 10) should be consulted. Exam Content • Medical history update* • Employee report of exposure (RPE)* • If SCBA user: o Respiratory symptoms questionnaire* o Spirometry* • General physical exam o Ht, wt, BP, HR o Vision o Hearing (not necessarily audio booth) • Blood Chem, CBC, UA offered • EKG if clinically indicated • Tetanus booster assessment * required	Every 2 years	No specific form	Check-off to show exams were completed with space for comments	Written opinion to employer and employee: - The physician's opinion as to whether the employee has any detected medical conditions which would place the employee at increased risk of material impairment of the employee's health from work in hazardous waste operations or emergency response, or from respirator use. - The physician's recommended limitations upon the employees assigned work. - The results of the medical examination and tests if requested by the employee [not to be provided to the employer]. - A statement that the employee has been informed by the physician of the results of the medical examination and any medical conditions which require further examination or treatment.

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Hearing Conservation	Annual Exam	29 CFR 1910.95(g)	Hearing Conservation Program Coordinator	Done via training database (training done simultaneously)	INDIVIDUAL No info required	MR	<p>1910.95(h)</p> <ul style="list-style-type: none"> - Audiometric tests shall be pure tone, air conduction, hearing threshold examinations, with test frequencies including as a minimum 500, 1000, 2000, 3000, 4000, and 6000 Hz. Tests at each frequency shall be taken separately for each ear. - Audiometric tests shall be conducted with audiometers (including microprocessor audiometers) that meet the specifications of, and are maintained and used in accordance with, American National Standard Specification for Audiometers, S3.6-1969, which is incorporated by reference as specified in Sec. 1910.6. - Pulsed-tone and self-recording audiometers, if used, shall meet the requirements specified in Appendix C: "Audiometric Measuring Instruments." - Audiometric examinations shall be administered in a room meeting the requirements listed in Appendix D: "Audiometric Test Rooms." <p>Note: Testing to establish a baseline audiogram shall be preceded by at least 14 hours without exposure to workplace noise. Hearing protectors may be used as a substitute for the requirement that baseline audiograms be preceded by 14 hours without exposure to workplace noise. The employer shall notify employees of the need to avoid high levels of non-occupational noise exposure during the 14-hour period immediately preceding the audiometric examination.</p>	Periodic/Annual	N/A	Audiometric measurements entered into database along with determination of threshold shift Check-off to show exams completed with space for comments	Notification of results within 21 days of determination of shift If initial test shows shift, want repeat test within 30 days to verify
Hearing Conservation	Baseline	29 CFR 1910.95(g)	Hearing Conservation Program Coordinator	Within 6 months of an employee's first exposure at or above the action level, the employer shall establish a valid baseline audiogram against which subsequent audiograms can be compared.	INDIVIDUAL No info required	MR	<p>1910.95(h)</p> <ul style="list-style-type: none"> - Audiometric tests shall be pure tone, air conduction, hearing threshold examinations, with test frequencies including as a minimum 500, 1000, 2000, 3000, 4000, and 6000 Hz. Tests at each frequency shall be taken separately for each ear. - Audiometric tests shall be conducted with audiometers (including microprocessor audiometers) that meet the specifications of, and are maintained and used in accordance with, American National Standard Specification for Audiometers, S3.6-1969, which is incorporated by reference as specified in Sec. 1910.6. - Pulsed-tone and self-recording audiometers, if used, shall meet the requirements specified in Appendix C: "Audiometric Measuring Instruments." - Audiometric examinations shall be administered in a room meeting the requirements listed in Appendix D: "Audiometric Test Rooms." <p>Note: Testing to establish a baseline audiogram shall be preceded by at least 14 hours without exposure to workplace noise. Hearing protectors may be used as a substitute for the requirement that baseline audiograms be preceded by 14 hours without exposure to workplace noise. The employer shall notify employees of the need to avoid high levels of non-occupational noise exposure during the 14-hour period immediately preceding the audiometric examination.</p>	Baseline	N/A	Audiometric measurements entered into database Check-off to show exams completed with space for comments	Notification of results within 21 days

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Laser	Baseline	ANSI Z136.1 Pub 3000 Chapter 16, section 16.4.3.2	Laser Officer & JHA/AHD	ANSI Z136.1 Section 6.2 Laser Personnel and potentially exposed incidental personnel who use Class 3B and Class 4 lasers	GROUP No specific info needed	MO	ANSI Z136.1 ¹⁷ 6.3.1 Incidental personnel should have an eye examination for visual acuity (see Appendix E of Z136.1 for further details). 6.3.2 Laser personnel should be subject to the following baseline eye examination: - Ocular history If the ocular history shows no problems and visual acuity is found to be 20/20 (6/6 in each eye for far and near) with corrections (whether worn or not), and Amsler Grid and Color Vision responses are normal, no further examination is required. Laser workers with medical conditions noted in Appendix E3.2.1 should be evaluated carefully with respect to the potential for chronic exposure to laser radiation. Any deviations from acceptable performance will require an identification of the underlying pathology either by a fundoscopic examination or other tests as determined appropriate by the responsible medical or optometric examiner.	Baseline	Standard form	Check-off to show exams were completed	No regulatory required form or content. Clinic will define report to employee, supervisor, and Program Manager.
Lead	Voluntary	29 CFR 1910.1025(j); 8 CCR 1532.1(j) (as guides)	Auto-refer from training list; re-move when leave lab.	All personnel who take lead training (either construction or general industry) will be listed in this group as being eligible for lead voluntary exams (no specific notice will be given)	Items b-f of baseline exam as best practice	V	(A) Blood lead and ZPP level sampling and analysis. The employer shall make available biological monitoring in the form of blood sampling and analysis for lead and zinc protoporphyrin levels (C) Accuracy of blood lead level sampling and analysis. Blood lead level sampling and analysis provided pursuant to this section shall have accuracy (to a confidence level of 95 percent) within plus or minus 15 percent or 6µg/dl, whichever is greater, and shall be conducted by a laboratory approved by OSHA.	Voluntary/2 years	N/A	Check-off to show exams were completed with comment field	No regulatory required form or content. Clinic will define report to employee, supervisor, and Program Manager.

¹⁷ See Z136.1 for definition of incidental and laser personnel

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Lead (construction)	Baseline	8 CCR 1532.1(j)(1)	Lead Program Manager Auto-refer –see criteria	Prior to lead work in construction, in which any employee is exposed at or above the Action Level of 30 µg/m ³ on any day.	GROUPS 8 CCR 1532.1(j)(3) (D) 1. The employer shall provide an initial physician examination or consultation under this section with the following information: b. A description of the affected employee's duties as they relate to the employee's exposure; c. The employee's exposure level or anticipated exposure level to lead and to any other toxic substance (if applicable); d. A description of any personal protective equipment used or to be used; e. Prior blood lead determinations; and f. All prior written medical opinions concerning the employee in the employer's possession or control.	MO	8 CCR 1532.1(j)(2) (A) Blood lead and ZPP level sampling and analysis. The employer shall make available biological monitoring in the form of blood sampling and analysis for lead and zinc protoporphyrin levels (C) Accuracy of blood lead level sampling and analysis. Blood lead level sampling and analysis provided pursuant to this section shall have accuracy (to a confidence level of 95 percent) within plus or minus 15 percent or 6µg/dl, whichever is greater, and shall be conducted by a laboratory approved by OSHA. NOTE: as per 8 CCR 1532.1(j)(3)(C), a second physician option must be offered	Initial/Baseline	No specific form	Check-off to show exams were completed with comment field	Within five working days after the receipt of biological monitoring results, the employer shall notify each employee in writing of his or her blood lead level 8 CCR 1532.1(j)(3) (E) The employer shall obtain and furnish the employee with a copy of a written medical opinion from each examining or consulting physician which contains only the following information: a. The physician's opinion as to whether the employee has any detected medical condition which would place the employee at increased risk of material impairment of the employee's health from exposure to lead; b. Any recommended special protective measures to be provided to the employee, or limitations to be placed upon the employee's exposure to lead; c. Any recommended limitations upon the employee's use of respirators, including a determination of whether the employee can wear a powered air purifying respirator if a physician determines that the employee cannot wear a negative pressure respirator; and d. The results of the blood lead determinations.
Nanoparticle	Maintenance Baseline	DOE Notice/Order O 456.1	Engineered Nano Material Subject Matter Expert Auto-refer –see criteria	Prior to Nano maintenance work All personnel who take Nano training will be auto-referred into this group via enrollment in certain training. If more than one group, Nano coordinator will have to assign them (sent an email to do this)	GROUP	MO	Evaluations should include: <ul style="list-style-type: none"> An Occupational and medical history update A physical examination with emphasis on the respiratory system Consideration of specific medical tests (e.g., spirometry, chest X-ray) 	Baseline	No specific form	Check-off to show exams were completed with comment field Import of spirometry results	No regulatory required form or content. Clinic will define report to employee, supervisor, and Program Manager.

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Nanoparticle	Researcher Baseline	DOE Notice/Order O 456.1	Engineered Nano Material Subject Matter Expert Auto-refer –see criteria	Prior to Nano work All personnel who take Nano training will be auto-referred into this group via enrollment in certain training. If more than one group, Nano coordinator will have to assign them (sent an email to do this)	GROUP	MO	Evaluations should include: <ul style="list-style-type: none"> An Occupational and medical history update A physical examination with emphasis on the respiratory system Consideration of specific medical tests (e.g., spirometry, chest X-ray) 	Baseline	No specific form	Check-off to show exams were completed with comment field Import of spirometry results	No regulatory required form or content. Clinic will define report to employee, supervisor, and Program Manager.
PIT Operator	Medical Clearance	ASME B56.1 Powered Industrial Trucks Pub 3000 Chapter 28.5 - Clinic follows NCCCO Handbooks, which matches ASME B30 - 10 CFR 851 App A 8(g)(2)(ii) requires fitness for duty exam	PIT SME or Supervisor (auto-refer from classroom enrollment)	Prior to Use, then every 3 years	INDIVIDUAL Clinic will receive a copy of "powered industrial truck" training application"; no action until it is filled out and signed by supervisor	MR	B56.1 Operator Qualifications "qualified as to visual, auditory, physical, and mental ability to operate the equipment safely" Chapter 28.5 A signature or certificate from Health Services, verifying that the employee meets minimal medical requirements Current Practice: NCCCO Physical Examination & Physician Instructions, which matches ASME B30	Periodic/3 year (frequency not listed in Pub 3000) RAR to propose wording	N/A	Check-off to show exams were completed with space for comments	Fitness for duty restriction with any limitations. No regulatory required form or format.
Pre-placement Exam	None	10 CFR 851 App A 8(g)(2)(i)	from list of new employees based on initial employment and job (referral from Talleo system)	At time of initial employment	INDIVIDUAL Referral from Talleo System; review based on job specifications	MR	At the time of employment entrance, a medical placement evaluation of the individual's general health and physical and psychological capacity to perform work will establish a baseline record of physical condition and assure fitness for duty. Content: <ul style="list-style-type: none"> Vision Test Hearing Test Targeted Physical Exam for job functions 	One time	N/A	Will need to describe what exams were given and any conclusions	Fitness for duty restriction with any limitations. No regulatory required form or format.

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Respiratory Protection	Annual Medical Exam (SCBA users)	29 CFR 1910.134 Z88.6 9.1.2	Respiratory Protection Program Manager	Annually, as long as they wear a SCBA	INDIVIDUAL Same as baseline medical exam	MR	Z88.6 Section 9.1.2 Annual evaluations for SCBA users of all ages shall be required. Evaluation is same as baseline medical exam	Annual	N/A	Check-off to show exams were completed with space for comments Spirometry records imported	Pass/Fail designation Z88.2 9.4 Respirator fit test records shall include the following information: -written standard operating procedures for the respirator fit testing program including pass/fail criteria; -type of respirator fit test(s) used, including the specific fit test protocol; -type of respirator fit test instrumentation and equipment used; -instrument and equipment calibration, maintenance, and repair, where applicable; -name or identification of the test operator; -specific make, model, and size of the exact respiratory protective device tested; - name or identification of the person tested; -date of test; -results of respirator fitting tests, including: -fit factor based upon quantitative fit test(s); -success or failure to obtain a satisfactory fit based on qualitative fit test(s); -any special considerations or difficulties in wearing (contact lenses or glasses worn, dentures, forehead scars, etc.).

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Respiratory Protection	Fit Test	29 CFR 1910.134(f) For those who need this (see flow chart)	Respiratory Protection Program Manager	Annually, as long as they wear a respirator	N/A	MR	<p>1910.134(f)</p> <p>This paragraph requires that, before an employee may be required to use any respirator with a negative or positive pressure tight-fitting facepiece, the employee must be fit tested with the same make, model, style, and size of respirator that will be used. This paragraph specifies the kinds of fit tests allowed, the procedures for conducting them, and how the results of the fit tests must be used.</p> <ul style="list-style-type: none"> - The employer shall ensure that employees using a tight-fitting facepiece respirator pass an appropriate qualitative fit test (QLFT) or quantitative fit test (QNFT) as stated in this paragraph. - The employer shall ensure that an employee using a tight-fitting facepiece respirator is fit tested prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model or make) is used, and at least annually thereafter. - The employer shall conduct an additional fit test whenever the employee reports, or the employer, PLHCP, supervisor, or program administrator makes visual observations of, changes in the employee's physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight. - If after passing a QLFT or QNFT, the employee subsequently notifies the employer, program administrator, supervisor, or PLHCP that the fit of the respirator is unacceptable, the employee shall be given a reasonable opportunity to select a different respirator facepiece and to be retested. - The fit test shall be administered using an OSHA-accepted QLFT or QNFT protocol. The OSHA-accepted QLFT and QNFT protocols and procedures are contained in Appendix A of this section. 	Annual	N/A	<p>Check-off to show exam was completed with space for comments</p> <p>Fit test details and type of respirator/size/make/model</p>	<p>Pass/Fail designation Z88.2 9.4</p> <p>Respirator fit test records shall include the following information:</p> <ul style="list-style-type: none"> -written standard operating procedures for the respirator fit testing program including pass/fail criteria; -type of respirator fit test(s) used, including the specific fit test protocol; -type of respirator fit test instrumentation and equipment used; -instrument and equipment calibration, maintenance, and repair, where applicable; -name or identification of the test operator; -specific make, model, and size of the exact respiratory protective device tested; - name or identification of the person tested; -date of test; -results of respirator fitting tests, including: -fit factor based upon quantitative fit test(s); -success or failure to obtain a satisfactory fit based on qualitative fit test(s); -any special considerations or difficulties in wearing (contact lenses or glasses worn, dentures, forehead scars, etc.).

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Respiratory Protection	Baseline (both mandatory elastomeric and SCBA)	29 CFR 1910.134	Respiratory Protection Program Manager	Prior to use of a respirator	<p>INDIVIDUAL Note: an employee may have several referrals (uses hazard analysis form from IH module – referral section) 29 CFR 1910.134(e)(5) The type and weight of the respirator to be used by the employee; - The duration and frequency of respirator use (including use for rescue and escape); - The expected physical work effort; - Additional protective clothing and equipment to be worn; and - Temperature and humidity extremes that may be encountered. -Any supplemental information provided previously to the PLHCP regarding an employee need not be provided for a subsequent medical evaluation if the information and the PLHCP remain the same.</p>	MR	<p>29 CFR 1910.134(e) The employer shall provide a medical evaluation to determine the employee's ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace. The employer may discontinue an employee's medical evaluations when the employee is no longer required to use a respirator. - The employer shall identify a physician or other licensed health care professional (PLHCP) to perform medical evaluations using a medical questionnaire or an initial medical examination that obtains the same information as the medical questionnaire. - The medical evaluation shall obtain the information requested by the questionnaire in Sections 1 and 2, Part A of Appendix C of this section. - The employer shall ensure that a follow-up medical examination is provided for an employee who gives a positive response to any question among questions 1 through 8 in Section 2, Part A of Appendix C or whose initial medical examination demonstrates the need for a follow-up medical examination.</p> <p>See also Z88.6 2006 Section 7</p>	One time	N/A	<p>Check-off to show exams were completed with space for comments</p> <p>Import spirometry results into database</p>	<p>29 CFR 1910.134(e)(6) Copy to employee and employer: Written recommendation regarding the employee's ability to use the respirator from the PLHCP. The recommendation shall provide only the following information: - Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator; - The need, if any, for follow-up medical evaluations; and - A statement that the PLHCP has provided the employee with a copy of the PLHCP's written recommendation. - If the respirator is a negative pressure respirator and the PLHCP finds a medical condition that may place the employee's health at increased risk if the respirator is used, the employer shall provide a PAPR if the PLHCP's medical evaluation finds that the employee can use such a respirator; if a subsequent medical evaluation finds that the employee is medically able to use a negative pressure respirator, then the employer is no longer required to provide a PAPR.</p>

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Respiratory Protection	Baseline Voluntary elastomeric and Mandatory dust mask	29 CFR 1910.134(c)(2)	Respiratory Protection Program Manager	Prior to use of a respirator	INDIVIDUAL Note: an employee may have several referrals (uses hazard analysis form from IH module – referral section) 29 CFR 1910.134(e)(5) The type and weight of the respirator to be used by the employee; - The duration and frequency of respirator use (including use for rescue and escape); -The expected physical work effort; - Additional protective clothing and equipment to be worn; and - Temperature and humidity extremes that may be encountered. -Any supplemental information provided previously to the PLHCP regarding an employee need not be provided for a subsequent medical evaluation if the information and the PLHCP remain the same.	MR	29 CFR 1910.134(c)(2) An employer may provide respirators at the request of employees or permit employees to use their own respirators, if the employer determines that such respirator use will not in itself create a hazard. If the employer determines that any voluntary respirator use is permissible, the employer shall provide the respirator users with the information contained in Appendix D to this section ("Information for Employees Using Respirators When Not Required Under the Standard"); and In addition, the employer must establish and implement those elements of a written respiratory protection program necessary to ensure that any employee using a respirator voluntarily is medically able to use that respirator, and that the respirator is cleaned, stored, and maintained so that its use does not present a health hazard to the user. Exception: Employers are not required to include in a written respiratory protection program those employees whose only use of respirators involves the voluntary use of filtering facepieces (dust masks). 29 CFR 1910.134(e) The employer shall identify a physician or other licensed health care professional (PLHCP) to perform medical evaluations using a medical questionnaire or an initial medical examination that obtains the same information as the medical questionnaire -The medical evaluation shall obtain the information requested by the questionnaire in Sections 1 and 2, Part A of Appendix C of this section. -The employer shall ensure that a follow-up medical examination is provided for an employee who gives a positive response to any question among questions 1 through 8 in Section 2, Part A of Appendix C or whose initial medical examination demonstrates the need for a follow-up medical examination. See also Z88.6 2006 Section 7	One-Time	N/A	Check-off to show exams were completed with space for comments Potential to import pulmonary function records into database (need to review ability to do so)	Same as baseline non-voluntary use
Termination	General Termination Exam	10 CFR 851 App A 8(g)(2)(v)	Termination Process	851 App A 8(g)(2)(v) At the time of separation from employment, individuals shall be offered a general health evaluation to establish a record of physical condition.	INDIVIDUAL Work History and exposures	MO	Physical Exam and medical history	Termination	No standard form	Check-off to show exams were completed with space for comments	No regulatory required form or content. Clinic will define report to employee, supervisor, and Program Manager.
Termination	Hazwoper Termination Exam	29 CFR 1910.120(a)(1)(i)-(iv); f(2)(ii)	Termination Process	At termination of employment or reassignment to an area where the employee would not be covered if the employee has not had an examination within the last six months.	Same as Hazwoper annual	MO	Same as Hazwoper baseline	Termination	No specific form	Check-off to show exams were completed with space for comments	Same as Hazwoper annual

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Termination Exam	Asbestos Termination Exam	8 CCR 1529(m)(2)(A)(6)	Termination Referral	Employees who were ever under mandatory surveillance. To be given within 30 days before or after termination of employment	Same as asbestos construction initial	MO	Same as asbestos construction annual exam	Termination	No specific form	Check-off to show that exams were completed with comment field	No regulatory required form or content. Clinic will define report to employee, supervisor, and Program Manager.
Transfer Exam	None	10 CFR 851 App A 8(g)(2)(i)	Need to define; probably will come from report on change of position	At time of job transfer	Need to define; probably will come from report on change of position	MR	At the time of transfer to a job with new functions and hazards, a medical placement evaluation of the individual's general health and physical and psychological capacity to perform work will establish a baseline record of physical condition and assure fitness for duty Content: <ul style="list-style-type: none"> Vision Test Hearing Test Targeted Physical Exam for job functions 	One time	N/A	Will need to describe what exams were given	No regulatory required form or content. Clinic will define report to employee, new supervisor, and HR
Work Location Exam	Antarctica	Driven by organization servicing the south pole groups (requirements are driven by form brought in by employee)	Employee or Supervisor would call	Within 6 months prior to deployment	INDIVIDUAL Form and requirements of servicing company	MR	<ul style="list-style-type: none"> General Blood Chemistry (including total iron and iron binding capacity) Lipid panel CBC, ABO Group and RH type UA Hepatitis B, Core AB Hepatitis C Antibody RPR/VRDL (don't know how legal this would be currently) PSA (age 40-49 with family history of prostate CA; otherwise all males 50 & older) HIV-Recommended, but optional. Mandatory for winter-overs in Antarctica (Feb-Oct) and for working in the blood bank TSH-mandatory for winter-overs Comprehensive physical medical history 	Prior to leaving	N/A	Check-off to show exams were completed with space for comments	Form supplied by employee for purposes of permission; internal information report to supervisor would not any issues that might limit their ability to perform in such a location
Work Location Exam	CERN	Driven by organization (requirements and form brought in by employee)	Employee or Supervisor would call	Within 6 months prior to deployment	INDIVIDUAL Form and requirements of CERN	MR	<ul style="list-style-type: none"> Medical History update CBC General Health Exam, if none recent 	Prior to leaving	N/A	Check-off to show exams were completed with space for comments	General review of fitness for duty in terms of general health and ability to work around radiation Fill out supplied form