

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
WRITTEN OPINION

Name of Employee with Middle Initial

Exam Date

Medical surveillance examinations for the following were performed (*check all that apply*)

- | | | |
|---|--|--|
| <input type="checkbox"/> Occupational Noise | <input type="checkbox"/> Respiratory Sensitizers | <input type="checkbox"/> Asbestos (<i>Current</i>) |
| <input type="checkbox"/> Respirator Use | <input type="checkbox"/> Chromium Compounds | <input type="checkbox"/> Asbestos (<i>Past</i>) |
| <input type="checkbox"/> Hazardous Waste/Emergency Response | <input type="checkbox"/> Ionizing Radiation | <input type="checkbox"/> Cadmium |
| <input type="checkbox"/> Benzene | <input type="checkbox"/> Class 3B and 4 Lasers | <input type="checkbox"/> Bloodborne pathogens |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Pesticides (<i>O&C</i>) | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Solvents (<i>Other than Benzene</i>) | <input type="checkbox"/> Herbicides | |

Employee has a medical condition that would place the employee at greater than normal risk from exposure to: _____

An OSHA-recordable STS hearing loss was found. Medical staff to enter STS hearing loss in eMisRep.

A potential work-related injury/illness was found due to exposure to: _____

A potential work-related injury/illness was **NOT** found.

LABORATORY RESULTS

Blood lead: _____ (µg/L)

Blood cadmium: _____ (µg/L)

Urine cadmium: _____ (µg/g creatinine)

Beta 2 microglobulin: _____ (µg/g creatinine)

Recommend retraining, refitting, and enforced use of hearing protectors.

Recommend medical removal from further exposure to: _____

Recommend work restrictions including use of personal protective equipment.

Employee was informed of test results/findings related to occupational exposures and any recommended evaluation or treatment.

Employee was informed of the increased risk of lung cancer due to the combined effect of smoking and asbestos exposure (*for employees in the asbestos medical surveillance program*).

PROVIDE ADDITIONAL INFORMATION REGARDING WORK RESTRICTIONS AND LIMITED CLEARANCES HERE

Medical Officer/Healthcare Provider Approves Respirator Clearance for the Following: (*check all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> N, R, or P disposable respirator (<i>filtering facepiece</i>) | <input type="checkbox"/> Cartridge-type respirator (<i>half and full-faced</i>) |
| <input type="checkbox"/> Powered Air Purifying Respirator (<i>half and full-faced</i>) | <input type="checkbox"/> Supplied Air Respirator (<i>airline</i>) |
| <input type="checkbox"/> Self Contained Breathing Apparatus (SCBA) | |

Duration of respirator medical clearance (e.g. number of months or years): _____

Coast Guard Members: Will be considered medically cleared for all respirator use if fit for full duty (FFD) on last PHA or in the case of a new accession, on whether they were medically cleared on their accession physical examination. If NOT FFD on last PHA, Medical Officer/Healthcare Provider is to send a Written Opinion with restrictions to unit CO and XO/XPO until an evaluation is performed and a formal medical determination regarding respirator use is made.

Clinic

Medical Officer/Healthcare Provider's Name

Medical Officer/Healthcare
Provider's Signature:

Date

Provide a copy to worker. If a GRAY BOX IS CHECKED, send a copy to the Unit CO and XO/XPO; Coordinate all medical removal recommendations first with cognizant SEHO before forwarding to command.

Privacy Act Statement

The collection and use of this information is authorized by 5 U.S.C. 7901, 5 U.S.C. 339, 5 U.S.C. 301, 10 U.S.C. §1074, 14 U.S.C. § 93 (a) (17), 29 C.F.R. § 1630.14, and Executive order 12196. The information will become part of the official Employee Medical File, and will be used to assist the Coast Guard in carrying out its occupational health services responsibilities and for other official purposes and routine uses as described in Privacy Act systems notice OPM/GOVT-10. Mandatory for Military Personnel. Providing the requested information is voluntary for civilian employees. Not providing the information may affect the availability and quality of the health services rendered to the employee and may also affect the completeness of information used in making determinations of medically-related employment decisions.