

**CENTRAL MICHIGAN UNIVERSITY**

**MEDICAL EXAMINATION REQUEST FORM FOR SILICA EXPOSURE**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee No.: \_\_\_\_\_ Department: \_\_\_\_\_

The above-named employee of Central Michigan University has been assigned to work requiring the use silica-containing products. It is requested the employee be given an initial/annual medical examination which shall include the following:

- 1. A complete physical examination of all systems with emphasis on the respiratory system
- 2. A chest roentgenogram (posterior - anterior no less than 14 x 17 inches; no more than 16 x 17 inches) or a radiograph.
- 3. Pulmonary function tests to include forced vital capacity and forced expiratory volume at 1 second.
- 4. Testing for latent tuberculosis
- 5. Any additional tests deemed appropriate by the examining physician. The following information should be taken into consideration when evaluating the employee's physical ability to function normally wearing a respirator.

1. The employee's duties related to occupational exposure to respirable crystalline silica are:  
\_\_\_\_\_  
\_\_\_\_\_

2. The employee's anticipated exposure level is:  
\_\_\_\_\_  
\_\_\_\_\_

3. Type of respirator to be used:  
\_\_\_\_\_  
\_\_\_\_\_

4. Information from previous medical examinations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is requested that the examining physician provide to RMEHS or OLFS a signed written opinion containing the respiratory recommendations.

\_\_\_\_\_  
Name of person supplying above information

\_\_\_\_\_  
Date