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