

**CENTRAL OCCUPATIONAL MEDICINE PROGRAM**

**WRITTEN MEDICAL REPORT FOR EMPLOYEE**

**2600 Three Leaves Dr. Mt. Pleasant, MI 48858**

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

Employee Name: \_\_\_\_\_

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

Department: \_\_\_\_\_

**Based on history, physical exam and further evaluation as appropriate this person is:**

☐ Medically approved for work with silica-containing products and may use all respirators and is subject to fit testing

☐ Medically approved to work with silica-containing products and may use only the following types of respirators and is subject to fit testing

-Duct Mask/ N95

-APF 10,25, 50, 1000, or 10000

-Powered Air Purifying Respirator

(based on particle size)

☐ Medically approved for working with silica-containing products and may wear appropriate respirator and is subject to fit testing with the following restrictions:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

☐ Not Qualified to work with silica-containing products

**Recommended time period for next exam:**

☐ Annual \_\_\_\_\_

☐ Must fill out annual questionnaire

If there is a change in health status or level of silica exposure, the employee should update their information by submitting a new annual update form. Employee has been provided a copy of this written recommendation:

☐ Yes

☐ No

I attest that this medical examination has met the requirements of medical surveillance section of the MIOSHA Occupational Health Standards Part 590 "Silica in Construction" or Part 690 "Silica in General Industry".

\_\_\_\_\_  
Examining Provider Signature

\_\_\_\_\_  
Date