





Occupational Medicine

**5801243 - Occupational Medicine Request for Services - Binghamton**

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|--|--|
| <input type="checkbox"/> Audiometric Testing (29 CFR 1910.95)            | _____ Baseline _____ Annual _____ 30 Day Recheck |
| <input type="checkbox"/> Bloodborne Pathogen Exposure (29 CFR 1910.1030) | _____ Initial _____ Follow-up                    |
| <input type="checkbox"/> Formaldehyde Exam (29 CFR 1910.1048)            | _____ Preplacement/Initial _____ Annual/Periodic |
| <input type="checkbox"/> HAZMAT Exam (29 CFR 1910.120)                   | _____ Preplacement/Initial _____ Annual/Periodic |
| <input type="checkbox"/> Hazardous Waste Operations (29 CFR 1910.120)    | _____ Preplacement/Initial _____ Annual/Periodic |
| <input type="checkbox"/> Lead Medical Surveillance (29 CFR 1910.1025)    | _____ Preplacement/Initial _____ Annual/Periodic |
| <input type="checkbox"/> Methylene Chloride Exam (29 CFR 1910.1052)      | _____ Preplacement/Initial _____ Annual/Periodic |
| <input type="checkbox"/> Respirator Suitability (29 CFR 1910.134)        | _____ Preplacement/Initial _____ Annual/Periodic |
- Other (specify) \_\_\_\_\_
- Asbestos Exam (29 CFR 1910.1001)
- \_\_\_\_\_ Preplacement/Initial with "B" Reader Chest X-Ray
- \_\_\_\_\_ Annual/Periodic (with "B" Reader Chest X-Ray \_\_\_ Yes \_\_\_ No)

FREQUENCY OF CHEST X-RAY			
Years since first exposure	Age of employee		
	15 to 35	35+ to 45	45+
0 to 10	Every 5 years	Every 5 years	Every 5 years
10+	Every 5 years	Every 2 years	Every 1 year

**Immunizations**

- Hepatitis A Vaccine
- Hepatitis B Vaccine
- Measles, Mumps, Rubella (MMR) Vaccine
- Tetanus Toxoid Booster
- Tetanus, Diptheria, Pertussis (Dtap)
- Tetanus Diptheria (Td)
- Rabies Vaccine
- Varicella Vaccine
- International Travel (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**Ancillary Testing Services**

- Tuberculin Skin Test (PPD)
- Rubella Titre
- Rubeola Titre
- Hepatitis B Titre (quantitative)
- Mumps Titre
- Varicella Titre
- Lead Level
- Zinc Protoporphyrin
- Heavy Metal Screen
- 2 View Chest X-Ray
- Other (specify) \_\_\_\_\_

**Industrial Rehabilitation Services**

- Worksite Assessment

**Special Instructions:**