Appendix E

California State University, Long Beach

Occupational Health Program

Employee Respirator Evaluation Findings

This form is to be sent or given directly to the employee by the PLHCP.

Employee Name _____ Date of Exam _____

Home Address _____

Recently you had a medical examination in our office. The results of this examination follow:

Note; not all protocols may have been required by the Physician.

Respirator Evaluation Questionnaire	Normal ☐	Abnormal ☐ _____

Medical History:	Normal ☐	Abnormal ☐ _____		
Physical examination:	Normal ☐	Abnormal ☐ _____		
Audiogram:	Normal ☐	Abnormal ☐ _____		
Chest X-Ray: No active disease ☐	Normal ☐	Abnormal ☐	Not indicated ☐	
Breathing tests:	Normal ☐	Abnormal ☐ _____		
Laboratory tests:	Normal ☐	Abnormal ☐ _____		
EKG:	Normal ☐	Abnormal ☐		

Other comments:

☐ Your evaluation was normal.

☐ The abnormalities noted above should be followed up with your personal physician. Copies of your medical record will be furnished upon your signed request.

☐ The abnormalities noted above have resulted in restrictions in your work duties or in your use of personal protective equipment as described in the accompanying Medical Evaluation Form.

If you have any questions, please do not hesitate to call me.

Name of physician _____ _____

Printed name Signature of Physician