



# Medical Examination Evaluation - Carcinogens

Return this form to:

OSU Environmental Health and Safety  
130 Oak Creek Building  
Corvallis Oregon 97331-7405  
FAX (541) 737-9090

Name \_\_\_\_\_

Employee ID Number \_\_\_\_\_

Position \_\_\_\_\_

Date Evaluated \_\_\_\_\_

Carcinogens: \_\_\_\_\_

The above named individual has completed a physical and medical evaluation. After review of the medical history, physical examination, job description and any diagnosis, it is determined that:

\_\_\_ The physician has not detected any medical conditions which would place the employee at increased risk of material impairment of the employee's health from work with the listed carcinogens. The patient is medically approved to work around carcinogens, as long as proper safety practices and personal protective equipment are used when needed.

\_\_\_ The physician feels this individual may continue the above mentioned job, with the following restriction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Other recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ The patient has been informed of the results of this examination and any medical conditions that require further evaluation or treatment.

Physician's signature X \_\_\_\_\_ DATE \_\_\_\_\_

A complete copy of this examination is on file at the clinic where this exam was performed. Please contact the physician if you have any additional questions.

Physician Name \_\_\_\_\_ Please Print Clinic \_\_\_\_\_ Please Print