



North Carolina Department of Labor
Division of Occupational Safety and Health

Health Recommendation Form

Employee Name _____

Exam Date _____

Office / Supervisor _____

Visit Type

- ☐ Baseline
- ☐ Periodic
- ☐ Exit
- ☐ Other _____

This employee **is medically cleared** to wear the following respirators:

- ☐ None
- ☐ N95 particulate filtering facepiece respirator
- ☐ ½ mask & full-face air-purifying respirators for chemicals &/or particles.
- ☐ Powered air-purifying respirators (PAPR)
- ☐ SCBA for toxic exposures &/or hazmat situations.

Tests & Vaccinations

- ☐ Vaccination Given: _____
- ☐ TB Test
Date read: _____
Result: _____
- ☐ Blood Lead Level: _____

Audiogram Information

- ☐ Baseline audiogram performed.
- ☐ Annual audiogram performed.
 - ☐ No Standard Threshold Shift
 - ☐ STS Indicated – **Left / Right**.
Retest within 30 days.
- ☐ Annual audiogram re-test
 - ☐ Permanent STS – **Left / Right**

Recordable / Not Recordable

Based on my evaluation, there **is \ is not** a detected medical condition which would place the examinee or fellow workers at increased risk of physical impairment from his/her work duties. For protection of safety and health, the following accommodations are recommended:

1. _____
2. _____
3. _____

Physician Signature _____

Physician Name (Printed) _____

Date _____

Medical Provider: _____