MEDICAL SURVEILLANCE PROGRAM
PHYSICIAN'S STATEMENT

Employee Name_____ SSN: (last four)_____

Office Symbol _____Supervisor_____

This form when completed serves as the examining physician's medical opinion for the above named employee in accordance with Title 29, Code of Federal Regulations, Part 1910. The employee has been informed of the results of the medical examination and any medical conditions, which require further examination and treatment.

Place an X in the block for each statement that applies. Provide additional information where indicated and as necessary. Attach additional pages where necessary.

1. [ ] The above named employee has been medically evaluated and is found physically fit to enter and work on a hazardous, toxic, explosive, and/or radioactive waste site. There are no detected conditions, which would place the employee at increased risk of impairment of the employee's health from work in hazardous waste operations.
2. [ ] The above named employee has been medically evaluated and does not exhibit any detected medical conditions that would place the employee at an increased risk of material impairment from exposure to asbestos, tremolite, anthophyllite, or actinolite. The employee has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.
3. [ ] The above named employee is physically able to perform tasks as assigned wearing respiratory protection.
4. [ ] Recommended limitations upon assigned work. List all that apply. Attach additional pages as necessary.

_____

_____

_____

Signature: _____ Date_____
Examining Physician

PRIVACY ACT STATEMENT - Data Required by the Privacy Act. Authority: Title 5, U.S. Code, Sections 301, 2105. Purpose and Use: To secure information that will be used solely as part of the medical surveillance program which will implement 29 CFR 1910.120, Hazardous Waste Operations and Emergency Response, and CEHNCR 385-1-1, Safety & Occupational Health Program Management. Effects of Nondisclosure:Personal information provided is given on a voluntary basis. Failure to provide information requested may require employee's exclusion from hazardous waste operations. Routine Uses: Information collected will be used to verify that personnel have had any required medical evaluations.

CEHNC Form 954, 28 Feb 02