MEDCARE OCCUPATIONAL HEALTH

31047 State Highway 100 · Los Fresnos, TX 78566
+1 956-233-2103 · medcareocc@gmail.com

PATIENT ID / RECORD # _____

Authorization for Regulatory & Medical Surveillance Exams

FORM MC-110

PHOTO ID REQUIRED The patient must present photo identification at the time of service.

EMPLOYER RESPONSIBILITY OSHA requires the employer to supply all of the information below to the licensed health care professional before the medical evaluation is performed. If a prior examination was not performed by MedCare, attach the records the employer holds — such as a written medical opinion letter from the outside clinician — and complete questions 1 through 4.

EMPLOYEE & EMPLOYER

PATIENT NAME	DATE OF BIRTH	JOB TITLE

EMPLOYER NAME

EMPLOYER ADDRESS

CONTACT NAME	CONTACT PHONE	CONTACT EMAIL

AUTHORIZATION

I authorize MedCare Occupational Health PLLC to perform the medical services checked below.

AUTHORIZER'S SIGNATURE _____ AUTHORIZATION DATE _____

RESPONSIBLE FOR PAYMENT ☐ Employer ☐ Third Party Administrator ☐ Staffing Agency ☐ Patient

TPA NAME _____ STAFFING AGENCY NAME _____

SERVICES AUTHORIZED

RESPIRATORY PROTECTION	☐ Respirator Clearance Exam
RESPIRATOR FIT TESTING	☐ Qualitative (QLFT) ☐ Quantitative (QNFT)
	*If fit testing is requested **without** a respirator clearance exam, complete the following:*
	Respirator clearance date: _____
	☐ MedCare provided the respirator clearance
	☐ Another health care provider performed the clearance exam — results attached
	Any change in the employee's job, mask used, or work environment since the prior clearance? ☐ YES ☐ NO

MEDICAL SURVEILLANCE

EXAM REASON ☐ Baseline ☐ Baseline Follow-Up ☐ Periodic ☐ Biologic Monitoring ☐ Exit

EXPOSURE TYPE(S)

☐ Arsenic	☐ Ethylene Oxide	☐ Pesticides
☐ Asbestos	☐ Formaldehyde	☐ Silica
☐ Benzene	☐ Hexavalent Chromium	☐ Hearing / Noise
☐ Beryllium	☐ Lead	☐ Firefighter
☐ Cadmium	☐ Mercury	☐ Hazardous Waste Operator
☐ Diacetyl	☐ Methylene Chloride	☐ Multiple Exposures

Other exposure: _____

☐ Information from previous medical examinations that is not otherwise available to the examining clinician is attached — for example biologic monitoring results such as lead, cadmium or mercury levels.

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FIRST NAME	LAST NAME	DATE OF BIRTH	TODAY'S DATE

1. RESPIRATOR TYPE, WEIGHT, FREQUENCY & DURATION OF USE

☐ Air purifying (non-powered)	☐ N95 mask	☐ Closed circuit SCBA	☐ Supplied air
☐ Combination air-line / SCBA	☐ Air purifying (powered)	☐ Dust mask	☐ Half face with canisters
☐ Open circuit SCBA	☐ Continuous flow	☐ Atmosphere supplying	☐ Full face with canisters

☐ Respirator is not used Other: _____

WEIGHT OF RESPIRATOR(S) IN USE	FREQUENCY OF USE	DURATION OF EACH USE
	_____ per ☐ Day ☐ Week ☐ Month ☐ Emergency ☐ Escape only	_____ ☐ Minutes ☐ Hours

2. OTHER PERSONAL PROTECTIVE EQUIPMENT TO BE USED

☐ Safety glasses / goggles	☐ Hearing protection	☐ Gown	☐ Fire resistant clothing
☐ Steel toed shoes / boots	☐ Gloves	☐ Chemical resistant suit	

Other PPE: _____

3. WORK ENVIRONMENT & EXPECTED PHYSICAL EFFORT

WORK ENVIRONMENT (CHECK ALL THAT APPLY)

☐ Indoor	☐ Outdoor	☐ Hot	☐ Heights / scaffolding
☐ Dusty	☐ Cold	☐ Humid	☐ Enclosed places / pits

MOST COMMON EXPECTED PHYSICAL EFFORT

☐ Light (0–10 lbs)	☐ Moderate (10–25 lbs)	☐ Heavy (25–50 lbs)	☐ Very heavy (over 50 lbs)

4. EXPOSURES, APPLICABLE OSHA STANDARDS, DURATION & LEVEL

EXPOSURE(S)	APPLICABLE OSHA STANDARD	DURATION & FREQUENCY	ANTICIPATED EXPOSURE LEVEL
e.g. lead, silica, asbestos	*e.g. 29 CFR 1926.1101*	*hours per day / week / month*	*greater than which of the below?*
			☐ Action Level ☐ PEL ☐ Company guideline ☐ Unknown
			☐ Action Level ☐ PEL ☐ Company guideline ☐ Unknown
			☐ Action Level ☐ PEL ☐ Company guideline ☐ Unknown
			☐ Action Level ☐ PEL ☐ Company guideline ☐ Unknown

PEL = permissible exposure limit.

EMPLOYER CERTIFICATION

By signing below I authorize MedCare Occupational Health PLLC to perform the medical services requested on this form. Regulated examinations will be conducted to at least the minimum federal and state requirements, which may include additional testing specified in the applicable OSHA standard.

Under OSHA, the employer is responsible for determining which medical surveillance is required based on the industry, exposure types and exposure levels, for selecting appropriate protective equipment, and for maintaining exam records for each employee. MedCare will conduct the examinations, establish baseline and periodic testing values, and issue written medical opinions to the employee and employer at the completion of the evaluation.

COMPANY SAFETY REPRESENTATIVE NAME	TELEPHONE NUMBER

SIGNATURE OF COMPANY SAFETY REPRESENTATIVE	DATE