

ASBESTOS MEDICAL

Name: _____

Employee #: _____ DOB: _____ Date: _____

Contractor: _____

COMMENTS: For new clients, contact OHP for information needed to determine number of radiographic views required. Also, see chart below on new hires.

PACKAGE: ASBESTOS MEDICAL

E09

_____ Height/Weight

_____ Spirometry: Administered by staff with NIOSH training in the last 3 years

_____ History: Review of either Asbestos, Initial or Asbestos, Annual Questionnaire with the employee by a physician. Asbestos, Initial Questionnaire is identical to the OSHA-mandated form, and must be used if this is employee's the first County asbestos exam. The Asbestos, Annual Questionnaire is a County of LA form and must be used instead of the OSHA-equivalent.

_____ Physical: Must include a pulmonary and abdominal examination

▶ If FVC < LLN, measure chest expansion on maximum inhalation

REFLEXIVE TESTING:

Chest Radiographs Required:

Age<40, Hired ≤10 yr ago, & Last x-ray > 2 yr ago	▶ 1 view, with B read	A72
Age<40, Hired >10 yr ago, & Last 3-view xray ≤ 2 yr ago	▶ 1 view, with B read	A72
Age<40, Hired >10 yr ago, & Last 3-view xray > 2 yr ago	▶ 3 view, with B read	A12
Age≥40, Hired any time, & Last 3-view xray ≤ 2 yr ago	▶ 1 view, with B read	A72
Age≥40, Hired any time, & Last 3-view xray > 2 yr ago	▶ 3 view, with B read	A12

Note: Employees in the following job classifications received a three view xray during their pre-placement exams on or after January 10, 2006:

6359	Helper Refrigerator
7197	Stationary Engineer I
7198	Stationary Engineer II
7200	Stationary Engineer Controls Spec
7202	Asst Chief Stationary Engineer
7662	Sheet Metal Worker
7745	Refrigeration Mechanic
7754	Steam Fitter
7744	Refrigeration Mechanic Apprentice
7196	Stationary Engineer Apprentice