



## **PENNSYLVANIA TASK FORCE ONE URBAN SEARCH AND RESCUE**

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Phone (215) 683-9245 FAX (215) 683-9249



Date of Medical Examination: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Task Force ID#: \_\_\_\_\_

Type of Examination: Initial: \_\_\_\_ Annual: \_\_\_\_ Exposure: \_\_\_\_

I have reviewed the results of the employees' personal medical history, occupational health history, work history, any required physical examination and any applicable laboratory tests. This evaluation was performed in accordance with the requirements of the Occupational Safety and Health Administration (OSHA) standard as noted, and the employee was found to be:

Respiratory Protection (29CFR 1910.134) and Hazardous Site Worker (29CFR 1910.120 f.)

\_\_\_\_\_ Qualified to perform work using respiratory protection and Personal Protective Equipment (APR,PAPR,SAR,SCBA) ( EPA Level A-D PPE)

\_\_\_\_\_ NOT qualified to perform work using respiratory protection and PPE.

My medical evaluation was based on the OSHA standards and applicable appendices, a description of the employee's duties, knowledge of the employee's potential exposures and anticipated level of exposure, a description of personnel protective equipment used and the frequency of use, as well as when available, information from previous employee medical examinations.

I have examined the employee's medical results as to whether the employee has any detected medical conditions which would place the employee at increased risk of material impairment of health from performing assigned duties. Based upon my review, I certify that the employee:

\_\_\_\_\_ Has no medical contraindications for full performance of assigned duties and is medically qualified to perform Urban Search and Rescue functions as assigned.

\_\_\_\_\_ Has Medical limitations that restrict full performance of assigned duties and is medically qualified to perform Urban Search and Rescue functions as assigned with the following noted limitations:

\_\_\_\_\_ Is medically unqualified to perform assigned duties and is not medically qualified to perform Urban Search and Rescue functions.

I have informed the employee of the results of this medical examination and any medical condition (s) which requires further examination or treatment. These medical records shall be maintained in accordance with 29 CFR 1910.1120 for at least thirty years following termination of the employee's active participation.

Signature of Physician: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Address of Physician: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Telephone Number: \_\_\_\_\_