

# Health Status Medical Report

## California State University, Long Beach

Occupational Health Program

### Examination

Category	Checkbox	Type of Exam
Initial	<input type="checkbox"/>	
Routine Periodic	<input type="checkbox"/>	
Exit	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Employment Classification	Exam Date

Employee	Employee ID Number

The following recommendation is based on a review of base history questionnaire, diagnostic test, physical examination and the specific requirements of the position applied for or occupied by the individual named above. The recommendations comply with government standards.

Question	Yes	No	Undecided
Has the employee an detected medical conditions that would increase their risk of material health impairment from occupational exposure?			
Does the employee have any limitations in the use of personal protective equipment (e.g., clothing or respirators) ?			

Status	Checkbox
Qualified - The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training.	
Qualified - The examination indicates non-occupational medical impairments, referred to personal physician for follow-up. Can be assigned to any work consistent with skills and training.	
Qualified -With limitations Limitations are: _____	
NOT Qualified	

