



DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## INSTRUCTIONS

Please fax completed form to the office of Environmental Health and Safety at 915-747-8126. If you have questions regarding this form please call Tania Quiroz at 915-747-7197.

## REPORT

Please be advised that \_\_\_\_\_ was evaluated for occupational fitness to meet the standards of the designated position.

## RECOMMENDATIONS

- Fit for Duty
- Not fit for duty
- Fit for Duty pending results
- Limitations/Disabilities \_\_\_\_\_

### Procedures done

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Evaluation | <input type="checkbox"/> Chagas Test              |
| <input type="checkbox"/> Hearing test       | <input type="checkbox"/> Mouse Urine Protein Test |
| <input type="checkbox"/> Spirometry         | <input type="checkbox"/> Rat Urine Protein Test   |
| <input type="checkbox"/> Immunizations      | <input type="checkbox"/> TB Test                  |
|   | <input type="checkbox"/> Other _____              |

Signature of PLHCP \_\_\_\_\_