N. C. State University, Student Health Services Campus Box 7304,
2815 Cates Ave Raleigh, NC 27695
919-513-0277

Occupational Medicine Exam Request Form and Authorization for Release of Medical Information

Last Name ______________________________ First Name ______________________________
Date of Birth ______________________________ Department ______________________________
Campus Tel. No. ______________________________ E-mail Address ______________________________
Supervisor ______________________________ Supervisor's Tel. No ______________________________
NCSU Employee ( )__________or Non-Employee, (eg Visitor or Volunteer) ( ) ________________
Employee ID #____(contact personnel rep. to get number)

Type of Service Requested (Check all items that apply)
_____Respirator medical clearance exam (non-emergency respirator use: Class I exam*)
_____Respirator medical clearance exam (emergency respirator use: Class III exam**)
_____Respirator medical clearance exam (Emergency Spill Team exams***)
__________Hep B Status – Date of Immunization
__________Tetanus Status – Date of Immunizations
_____ Hearing Test – attach HCL (Hearing Conservation Log)
_____Immunizations
_____Nuclear Reactor Operator Exam
_____Travel Clinic Services, include FAS no. ____________________
_____Other (Please specify) ____

*Class I Exam: for half and full face air purifying, powered air purifying, and supplied air respirators. Also for SCBA use in changing out gas cylinders in labs. This exam is provided by Student Health Services.

**Class III Exam: for SCBA use in emergency response activities such as refrigerant gas leaks and chemical spill response. This exam is provided by Duke Occ. Med. Employee may call Duke directly at 919- 286-5569 to schedule exam. This form must be signed and sent to Student Health Services.

*** Emergency Spill Team Exams: EH&S specific exam. EH&S employees only.

Appointments for Class I and audio exams are scheduled for Tuesday or Friday mornings at Student Health. All other appointments except Class III exams can be scheduled for any time during normal business hours, Monday through Friday.

For respirator and/or audio exam(s), what is your preferred time period?

Tues. morning_____Friday morning_____Either Tues. or Friday _____

Effective August 1, 2011 a $25 fee will be charged for all appointments that are not kept and/or canceled at least one day in advance, or for same-day emergencies, called in by the supervisor on that day.

Privacy Protection Policy

I hereby authorize the use and/or disclosure of my individually identifiable health information as described below. I understand that the purpose of my visit is for the purpose of creating protected health information for disclosure to my employer, North Carolina State University. Should I refuse to sign this authorization, the examination requested will not be conducted, and certain tasks cannot be performed because they require a medical examination. If this task is an essential job duty, lack of performance may result in termination of my employment. I further understand that if the person(s) or organization authorized to receive the information is not a health plan or health care provider, the released information could be re- disclosed and would no longer be protected by federal privacy regulations.

1. Personal health information to be disclosed to other health providers: All medical information obtained as a result of the examination identified above.

2. Health Providers (or class of persons) or organization authorized to provide the information: Student Health Services, Duke Occupational Medicine, and ________________________________(write in name of health care provider if not listed above or N/A for not applicable).

3. Purpose of the requested disclosure: Summarized information to be disclosed by the health provider to those listed in item #4 below is to determine if the employee has a health condition which may interfere with his/her job performance and to comply with OSHA regulations.

4. Person(s) or organization authorized to receive summarized information: My supervisor, Safety Manager and the industrial hygiene section or Environmental Health and Safety occupational medicine program will receive only summarized information as described in item 3 above.

5. I understand that I have a right to revoke this authorization at any time. My revocation must be in writing in a letter provided to the Student Health Services. I am aware that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this authorization.

6. I understand that I will get a copy of this form after I sign it.

7. I have been provided with a copy of NC State University's Notice of Privacy Practice prior to signing this authorization. A copy of the Privacy Practice is located also on the EHSC's Medical Surveillance webpage at: http://www.fis.ncsu.edu/health/docs/privacy.pdf.

8. This authorization expires in one year.

____ ___________

Signature of Employee Date

____ ___________

Signature of Supervisor (required for exam request, **NOT** for release of medical information) Date