

## OSHA Beryllium Medical Surveillance Acknowledgment Form

I was examined by \_\_\_\_\_ on \_\_\_\_\_ for the purpose of medical monitoring related to airborne beryllium exposure.

**Initial all of the following that are true:**

- ] The risks and benefits of medical monitoring were explained to me prior to the examination and I was provided a document titled Risks & Benefits of Participating in the OSHA Beryllium Standard Medical Surveillance Program
- ] I was advised of my right to opt out of medical monitoring.
- ] I opted to go forward with the examination.
- ] At the end of the examination, the results were fully explained to me including:
  - ] any recommendation regarding the use of respirators, protective clothing and equipment;
  - ] any limitations regarding my exposure to airborne beryllium;
  - ] tests conducted and medical conditions related to airborne exposure to beryllium;
  - ] a recommendation for medical removal from airborne exposure to beryllium;
  - ] a recommendation for continued periodic medical surveillance.
- ] I was also provided a written report providing all of the information above.

Employee name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_