

# Pesticide Exam Medical Release & Physician Clearance

## Employee's Consent:

I hereby agree and consent to the release of the non-confidential medical information requested below, in order for the attending physician to respond to this medical surveillance report.

DATE: \_\_\_\_\_  
\_\_\_\_\_  
(Employee Signature)

## Physician's Report:

On \_\_\_\_\_, I conducted a physical examination of \_\_\_\_\_  
(Date) (Employee's Name)

Based on this examination it is my medical opinion that this employee (is / is not) physically capable of performing the duties as described on the Pesticide Exposure Profile.

Based on the supplied information and this examination, the employee's next recommended pesticide exposure exam should be in 3 2 1 year(s).  
(Please circle)

If the employee is not capable of continuing work please indicate your response and whether an additional examination would be necessary before the employee could resume current duties.

### Physician's Comments:

Based on the tests performed, and the employee's workplace exposures outlined in Pesticide Exposure Profile provided, there (is / is no) medical indication that this patient has been overexposed to hazardous substances. If it appears that the employee is suffering from overexposure to hazardous substances, please indicate if further examinations are required.

### Physician's Comments:

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Print name in full)

\_\_\_\_\_  
(Address of Physician or Clinic)

\_\_\_\_\_