



**HealthONE Occupational Medicine/Rehabilitation  
at North Suburban**

9195 Grant Street, Suite 100  
Thornton, CO 80229

**FAX COVER SHEET**

Date: \_\_\_/\_\_\_/\_\_\_

Time: \_\_\_\_\_AM / PM

To:

Corporate Management Group

Fax: 303-736-7767

Fax: \_\_\_\_\_

From: \_\_\_\_\_

Phone: 303-292-0034

303-451-7700

Fax: 303-292-0097

303-252-9474

Re: \_\_\_\_\_

Number of pages including cover sheet: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Occupational Medicine & Rehabilitation at North Suburban

9195 Grant Street Suite #100 Thornton, CO 80229 Phone 303-292-0034 Fax 303-292-0097

OSHA ASBESTOS/HAZARDOUS MATERIALS/ RESPIRATOR CERTIFICATION

In accordance with OSHA regulations 29 CFR 192.58 Asbestos 29 CFR 1910.120(f) Hazardous Materials 29 CFR 1910.134(b) Respirator Certification

The examining physician will provide the employer with a written opinion, which shall contain the following:

This is to certify that on this date: 01-07-15, and in accordance with the regulations as indicated above, I have performed a comprehensive examination on Anthony Martinez, whose social security number is 524 63 7474.

Base on my findings, I have determined that this individual: MAY NOT wear a respirator or device while performing his/her required work tasks, and IS IS NOT medically cleared for work with ASBESTOS HAZARDOUS MATERIALS.

The results of my examination:

Have NOT detected a medical condition which would place the employee at increased risk of material health impairment from exposure to:

Respirator Equipment ASBESTOS HAZARDOUS MATERIALS.

IN accordance with OSHA requirement, I have fully explained the results of the medical examination and laboratory tests to the above named patient.

Comments:

WNL

A complete medical examination on the above named individual will be forwarded to the employer pending final review and interpretation of any additional medical data collected.

Examining Physician



Thornton Occupational Medicine  
9195 Grant Street #100  
Thornton, CO 80229  
303-292-0034

**Respirator Fitness Letter**

Date: 01-07-15

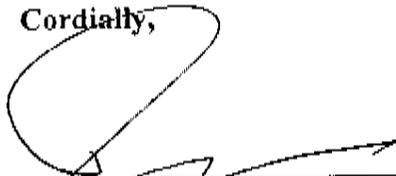
To Whom It May Concern:

We have recently completed a respirator review on Anthony Martinez  
Per your request. This letter is to certify whether he/she is fit to wear a respirator while performing his/her job activities per OSHA 1910.134.

1.  fit  Unfit to wear an air-purifying respirator while performing present job activities.
2. Medical limitations or workplace conditions include:  
Nil
3. Follow up medical evaluations are needed as follows:  
Nil
4. We have provided the employee/employer with a copy of this written recommendation on \_\_\_\_\_ (date).

These examination results remain confidential and will be kept on file in our office.

Cordially,

  
\_\_\_\_\_  
Jeffrey Hawke, M.D.  
Arthur Kuper, D.O.

Date: 1/7/16



# HEARING TEST FORM

## Employee Identification

Last Name <i>Martinez</i>		First Name <i>Anthony</i>	Middle Name <i>Joseph</i>	Employee ID#																																																								
Plant <i>BASF</i>		Dept/Code	Job/Code	Work Shift <i>Night</i>	Shift Length <i>12hr</i>																																																							
<p><i>microprocessor audiometer is used, test results here:</i></p> <p><b>OCC HEALTH</b></p> <p>DATE: 01/07/16 TIME: 14:36:24 PATIENT: 7474</p> <p><b>CURRENT AUDIOGRAM</b></p> <table border="1"> <thead> <tr> <th>FREQ.</th> <th>L/DB</th> <th>R/DB</th> </tr> </thead> <tbody> <tr><td>1000 HZ</td><td>05</td><td>00</td></tr> <tr><td>500 HZ</td><td>05</td><td>10</td></tr> <tr><td>1000 HZ</td><td>05</td><td>00</td></tr> <tr><td>2000 HZ</td><td>00</td><td>10</td></tr> <tr><td>3000 HZ</td><td>00</td><td>00</td></tr> <tr><td>4000 HZ</td><td>05</td><td>05</td></tr> <tr><td>6000 HZ</td><td>10</td><td>10</td></tr> <tr><td>8000 HZ</td><td>00</td><td>15</td></tr> <tr><td>AVG 2,3,4</td><td>001.7</td><td>005.0</td></tr> </tbody> </table> <p>TEST ID: 4263417010615380 ELAPSED TIME = 04:49</p> <p>TEST TYPE = BASELINE TEST MODE = PULSED M = MANUALLY TESTED FREQ</p> <p><b>TREMETRICS RA500+</b> SERIAL NUMBER...12115380 SOFTWARE REV. 2.19H-0102 CALIBRATION: 01/06/16 CAL. ANSI S3.6 1989</p> <p>PATIENT: 7474 <i>X A Martinez</i></p> <p>EXAMINER: <i>X R. Brena</i></p> <p><b>QUESTION ANSWERS</b></p> <p>LAST NAME: FIRST NAME: DOB: SEX: JOB TYPE: LOCATION: PROTECTION: EXPOSURE:</p>		FREQ.	L/DB	R/DB	1000 HZ	05	00	500 HZ	05	10	1000 HZ	05	00	2000 HZ	00	10	3000 HZ	00	00	4000 HZ	05	05	6000 HZ	10	10	8000 HZ	00	15	AVG 2,3,4	001.7	005.0	<p><b>Audiometric Information</b></p> <p>Test Date: <i>01/07/16</i> Test Time: <i>12:36pm</i></p> <p>Test Type: <input checked="" type="checkbox"/> Baseline <input type="checkbox"/> Annual/Periodic <input type="checkbox"/> Retest <input type="checkbox"/> Rehire <input type="checkbox"/> Exit</p> <p>Audiometer Make/Model: <i>Tremetrics</i> Last Annual Calibration Date: <i>11/2/15</i></p> <p>OSHA sound room requirements met? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Technician: <i>R. Brena</i> Technician:</p> <p>Testing Company:</p> <p><b>Employee Noise Exposure</b></p> <p>High noise exposure within 14 hours: <input type="checkbox"/> Yes <input type="checkbox"/> No Last noise exposure: _____ hours ago</p> <p>Hearing protection used before test: <input type="checkbox"/> Yes <input type="checkbox"/> No IWA: Sound Level:</p> <table border="1"> <thead> <tr> <th>Hearing Protection Devices</th> <th colspan="2">Otososcopic Screening</th> </tr> <tr> <th>Type Used Specify Model/Size</th> <th>Left</th> <th>Right</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Foam plug</td><td><input type="checkbox"/></td><td>Was Not Done <input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Pre-molded plug</td><td><input type="checkbox"/></td><td>Normal <input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Custom plug</td><td><input type="checkbox"/></td><td>Abnormal <input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Earmuff</td><td><input type="checkbox"/></td><td>Partial blockage <input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Plug &amp; Muff</td><td><input type="checkbox"/></td><td>Total blockage <input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Electronic</td><td><input type="checkbox"/></td><td>Other <input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Other</td><td><input type="checkbox"/></td><td></td></tr> </tbody> </table> <p>Hearing Protection Fit Check: <input type="checkbox"/> Proper <input type="checkbox"/> Poor <input type="checkbox"/> Re-instructed <input type="checkbox"/> Replaced</p> <p><b>Test Comments:</b></p> <p><b>Employee Training:</b></p> <p>The following topics have been explained to me:</p> <ol style="list-style-type: none"> <li>The effects of noise on hearing</li> <li>The purpose of the hearing test &amp; explanation of procedures</li> <li>Hearing protection use, care, fit and advantages/disadvantages</li> </ol>		Hearing Protection Devices	Otososcopic Screening		Type Used Specify Model/Size	Left	Right	<input type="checkbox"/> Foam plug	<input type="checkbox"/>	Was Not Done <input type="checkbox"/>	<input type="checkbox"/> Pre-molded plug	<input type="checkbox"/>	Normal <input type="checkbox"/>	<input type="checkbox"/> Custom plug	<input type="checkbox"/>	Abnormal <input type="checkbox"/>	<input type="checkbox"/> Earmuff	<input type="checkbox"/>	Partial blockage <input type="checkbox"/>	<input type="checkbox"/> Plug & Muff	<input type="checkbox"/>	Total blockage <input type="checkbox"/>	<input type="checkbox"/> Electronic	<input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	
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Employee Signature: <i>[Signature]</i>		Date: <i>01-07-16</i>																																																										

**NORTH SUBURBAN OCC MED**

**Pulmonary Function Report**

Name: MARTINEZ, ANTHONY  
Height at test (in): 68  
Weight at test (lb): 179  
Ethnic group: Caucasian  
Predicteds: NHANES III  
Calibration date: 01/07/16 07:25 AM  
Calibrated by: LENA E

ID: 7474  
Sex: Male  
Age at test: 36

DOB: 01/29/1980

Software version: 2.7

Test series created: 01/07/16 01:54 PM

Report printed: 01/07/16 01:55 PM

Interpretation: Normal expiratory flows and a normal FVC. This interpretation is valid only upon physician review and signature.

Physician:  
Technician:

Number of efforts performed: 3

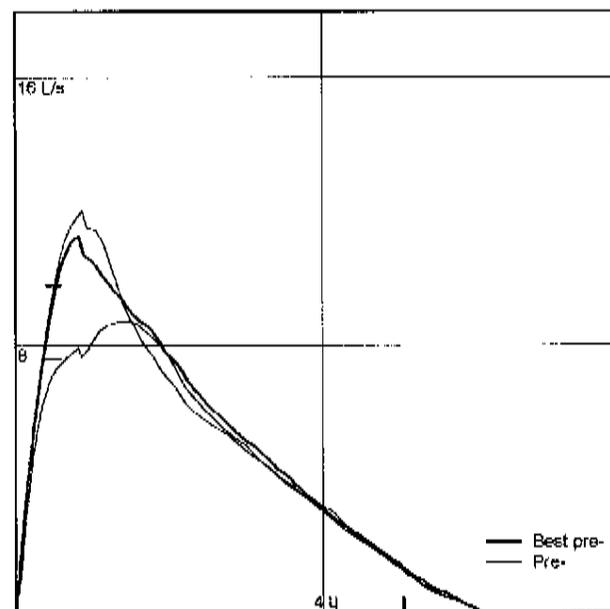
Pre-	Pred	Best	%Prd	2nd	%Prd	3rd	%Prd
FVC	5.04	6.06	120%	6.03	120%	5.98	119%
FEV1	4.07	4.87	120%	4.79	118%	4.81	118%
FEV1/FVC	0.81	0.80	100%	0.79	99%	0.80	100%
FEF25-75	3.99	4.47	112%	4.41	111%	4.32	108%
PEFR	9.79	11.24	115%	8.72	89%	12.00	123%
Texp	--	4.39	--	4.59	--	3.67	--
Uext%	--	2.61	--	3.26	--	2.84	--

Cautions:  
Usability  
Acceptability  
Reproducibility

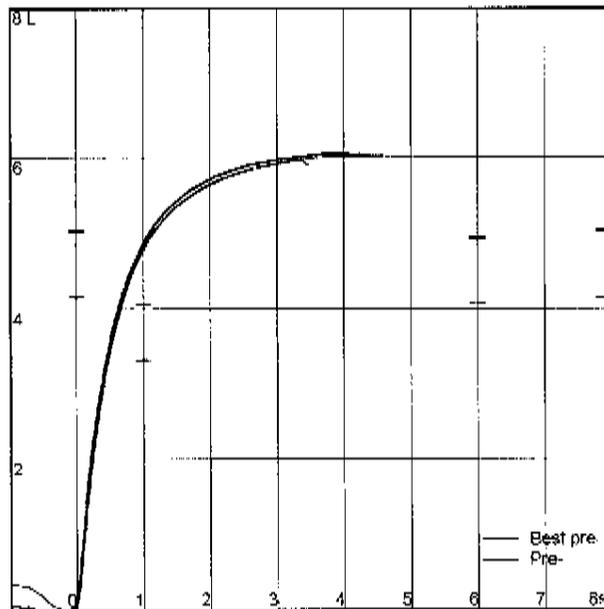
Time Time Time

Test series comment:

FVC Flow vs. Volume Pre-



FVC Volume vs. Time Pre-





**Occupational Health**

**North Suburban**  
 9195 Grant Street Ste. 100  
 Thornton, Colorado 80229  
 303.292.0034 Phone  
 303.292.0097 Fax

Patient Name Anthony Martinez Social Security # \_\_\_\_\_

Date of Birth 1-29-88 Employer \_\_\_\_\_

**Vision Testing Section**

**Visual Acuity  
 Uncorrected**

	Distant	Near
OD	20/ <u>30</u>	20/ <u>20</u>
OS	20/ <u>200</u>	20/ <u>100</u>
OU	20/ <u>30</u>	20/ <u>20</u>

**Corrected**

	Distant	Near
OD	20/	20/
OS	20/	20/
OU	20/	20/

**Visual Fields**

R	<u>85</u>
L	<u>85</u>

**Ishihara Color Vision Test**

# of plates correct 14 incorrect 1

Plate Number	Correct	Response
Plate #1	12	<u>12</u>
Plate #2	8	<u>8</u>
Plate #3	5	<u>5</u>
Plate #4	29	<u>29</u>
Plate #5	74	<u>74</u>
Plate #6	7	<u>7</u>
Plate #7	45	<u>45</u>
Plate #8	2	<u>2</u>
Plate #9	No Number	<u>2</u>
Plate #10	16	<u>16</u>
Plate #11	Trace Line Correctly	<u>Trace corr</u>
Plate #12	35	<u>35</u>
Plate #13	96	<u>96</u>
Plate #14	Trace Line Correctly	<u>Trace corr</u>

Does the Employee Wear Glasses for Distance? YES/NO

Does the Employee Wear Glasses for Reading? YES/NO

Patient Signature \_\_\_\_\_ DATE \_\_\_\_\_

Examiner's Signature [Signature] DATE 11/7/16