

**MEDICAL SURVEILLANCE CLEARANCE
Goddard/WFF Health Unit**

Employee Name _____
Last, First

Date _____

On this date you had a medical evaluation at the Goddard/WFF Health Unit or an outside provider for the occupation(s) and/or exposure(s) as checked below. For the applicable categories, please note the clearance assessment and expiration dates.

Category	Medically Qualified?		Date qualification expires:
	Yes	No	
Cable Crimp Harness	Yes	No	2 years
Healthcare Provider	Yes	No	1 year
Climbing High Tower	Yes	No	1 year
CDL/DOT/MVC	Yes	No	2 years 1 year 3-month 6month
Firefighter/EMT	Yes	No	1 year
Food Handler	Yes	No	1 year
Childcare Worker	Yes	No	1 year
Hazardous Waste	Yes	No	1 year
High Pressure	Yes	No	2 years
Confined Space	Yes	No	Baseline 1-year 3-year
Crane (Includes ground floor, remote operation, high, cabin, pulpit cranes)	Yes	No	3 years
Forklift (Powered Industrial Truck, and High Lift Industrial Truck Operator, Mobile Elevated Work Platforms)	Yes	No	2 years
Lead Exposure	Yes	No	1 year
Noise / Hearing Conservation	Yes	No	1 year
Ordnance	Yes	No	2 years
Respiratory	Yes	No	1 year
SCAPE	Yes	No	1 year
Security Officer	Yes	No	1 year
Spray Painting	Yes	No	Baseline
Soldering	Yes	No	2 years
Water & Sewage	Yes	No	1 year
Welding	Yes	No	1 year
FAA Class 1	Yes	No	6 months
FAA Class 2 & 3	Yes	No	1 year
High Flight FAA	Yes	No	1 year
International Travel	Yes	No	6 months
Other	Yes	No	

Physician's Signature / Nurse

Date