

**QCARD Certification
Goddard/WFF Health Unit**

Employee Name _____

Date _____

Last,

First

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:
	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
	Ordinance	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