

# MEDICAL SURVEILLANCE CLEARANCE

## NASA – Wallops Flight Facility

Health Unit, Bldg F-160

Wallops Island, VA 23337

Phone (757)824-1266

Fax (757)824-1497

Date of Exam: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
Last
First
Middle

On this date you had a medical evaluation at the WFF Health Unit for the occupation(s) and/or exposure(s) as checked below. For the applicable categories, notation follows indicating whether or not you meet the medical standards for that category.

Category	Medically Qualified?		Date qualification expires:
Asbestos exposure	Yes	No	1 year
Blood Borne Pathogen	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
Hazardous Waste	Yes	No	1 year
High Pressure	Yes	No	2 year
Hydrazine/ DNTO	Yes	No	1 year
LDE (Heavy Equip/ Crane/Forklift/Aerial Lift/Scissor Lift)	Yes	No	2 year
Lead Exposure	Yes	No	1 year
Noise	Yes	No	1 year
Ordnance	Yes	No	2 year
Respiratory	Yes	No	1 year
SCAPE	Yes	No	1 year
Silica Dust	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
Crane Operator/Riggers	Yes	No	3 year
Other	Yes	No	
Other	Yes	No	

I acknowledge the above:

\_\_\_\_\_, M.D.  
 Physician Signature

\_\_\_\_\_  
 Patient/Employee Signature

DATE: \_\_\_\_\_