

University of Alaska Anchorage	Section EHS/RMS
<b>ADMINISTRATIVE SERVICES MANUAL</b>	Part Appendix
<b>Policies and Procedures</b>	Statement 17
Title <i>OSHA REQUIRED MEDICAL EXAMINATIONS/PROCEDURES</i>	Effective Date 03/01/10

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

This person is authorized to obtain: \_\_\_\_\_

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Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EHS/RMS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**To the Health Care Provider:**

Mail exam results to: UAA Environmental Health & Safety  
3211 Providence Drive, ULB110P  
Anchorage, AK 99508

Exam results should not include details of the evaluation or procedure, just pass/fail or similar notations.

Mail billings to: UA Statewide Office of Risk Management  
P. O. Box 755240  
Fairbanks, AK 99775-5240