

University of Alaska Anchorage	Section EHS/RMS
ADMINISTRATIVE SERVICES MANUAL	Part Appendix
Policies and Procedures	Statement 17
Title <i>OSHA REQUIRED MEDICAL EXAMINATIONS/PROCEDURES</i>	Effective Date 09/22/08

Employee Name: _____ SSN: _____

Job Title: _____ Department: _____

This person is authorized to obtain: _____

Supervisor's Signature: _____ Date: _____

EHS/RMS Signature: _____ Date: _____

Health Care Provider Signature: _____ Date: _____

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