



Senior Service America, Inc. (SSAI)

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Senior Environmental Employment (SEE) Program

MEDICAL MONITORING AGREEMENT

This is to certify that I understand and acknowledge my enrollment in the SSAI/SEE Program is contingent upon the successful completion of the required occupational medical monitoring examination. Examination results must indicate that, in the opinion of the reviewing physician, I am physically qualified to perform the duties and responsibilities outlined in my position description.

(Enrollee Signature)

(Date)

TYPE OF EXAM

Check Here	Module	Comprehensive HazWoper Questionnaire	Medical Questionnaire	Asbestos Questionnaire	Physical exam w/dipstick UA, Vision, Vital Signs	Spiro	Audio	EKG	Chest X-Ray	Bio Chem w/Diff	Blood Lead/ZPP
	Circuit Rider Indian Program	*		*		*	*		*		
	Asbestos	*			*	*	*		*	*	*
	Asbestos/Lead	*	*		*	*	*			*	*
	Lead	*	*			*				*	
	Laboratory	*	*			*					
	Outreach Worker	*		*		*					
	HazWoper	*	*			*	*	*	*	*	

FREQUENCY REQUIRED: Please check one below

- Bi-Annual**
 Annual
 Biennial
 Other

1. Identify any other exposure which is not indicated above: _____

2. Additional comments: _____

(Enrollee)

(Monitor)

(Date)