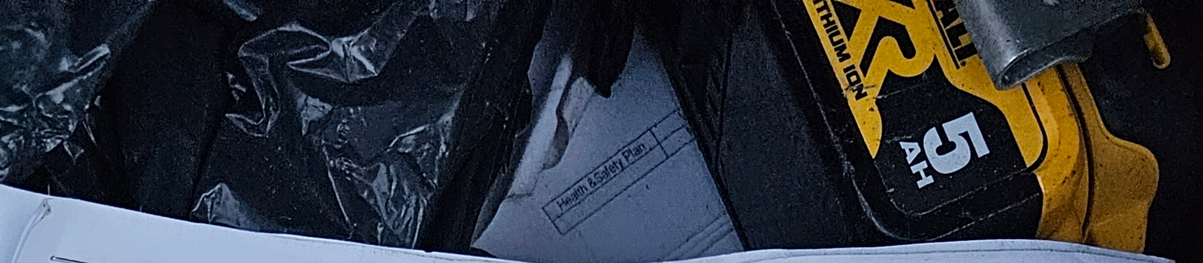


Occupational and Community Health Services, Inc. – 3300 Hudson Ave., Union City, NJ 07087 – Phone: (201)325-8002 – Fax: (201)325-9718

MEDICAL CLEARANCE FOR RESPIRATOR USE AND ASBESTOS WORK

First Name XAVIER	Last Name LOPEZ	Gender MALE
DOB 06/28/1995	SSN 767-50-3499	Company
Address 5215 GRAND AVE	APT	City NORTH BERGEN
State NJ	Zip 07047	Telephone 201-424-9505
Emergency contact name MARCELA	Emergency contact last name PROANO	Emergency contact telephone 201-289-3662

THIS WORK CERTIFICATE EXPIRES 12 NOV 2023 501C3 OCHS, INC.

The patient above has been evaluated on **11/12/2022** in compliance with OSHA Asbestos Medical Screening and Surveillance standard 1910.1001 (29CFR)

OSHA MEDICAL HISTORY QUESTIONNAIRES:

OSHA Standard 1910.134 App respiratory protection; 1926.1101 App D asbestos workers: __ unremarkable __ significant finding: __

Patient is: **X** non-smoker __ smoker: __ cig. (s)/day _years Quit smoking __ after ___year(s) of smoking

Date last chest X-ray: _____ Results: __ normal __ abnormal _____ CT scan: _____

Respiratory/ Cardiovascular/Gastrointestinal system review: **X** within normal limits ___ deviations from normal: _____

PHYSICAL EXAMINATION:

Heart sounds: normal S1S2, regular, no murmur. Lung sounds: Normal clear to auscultation bilaterally. Abnormal findings: _____

Tests: Pulmonary function test: **X** within normal limits __ abnormal _____ DEFERRED PER CDC DROPLET PRECAUTIONS

Chest X ray: **X** not indicated __ ordered __ normal __ abnormal __ results pending EKG: __ ordered __ normal __ abnormal

RESULTS:

X ABLE TO WEAR RESPIRATORY PROTECTION AND WORK IN ASBESTOS WITHOUT RESTRICTION

GENERAL RECOMMENDATIONS: 1. NO SMOKING 2. ALWAYS WEAR RESPIRATOR 3. Other: _____

PATIENT EDUCATION: *The patient has been informed of the risks involved in asbestos work and of the increased risk of lung cancer attributable to the combined effects of smoking and asbestos exposure, and of the increased risk with higher intensity and duration of exposure. The results of this medical evaluation for the use of the respirator and asbestos and relevant airborne chemical exposure have been explained to me (the patient)/ los resultados de esta examinacion han sido explicados a mi persona incluyendo el peligro de cancer que aumenta combinado con cigarro. It is the responsibiolity of the patient to perform ordered chest-x-rays/ tests and obtain results. Es la responsabilitdad del paciente de ejecutar la orden medica de rayos-X y obtener mis resultados.*

LEGAL NOTICE: This report must be accompanied by numeric and graphical printout of the spirometry results. Original report and all copies must carry the OCHS watermark seal. Alteration of this document is fraudulent can constitutes a federal crime.

THIS MEDICAL REPORT EXPIRES: 11/12/2023

Mercedes Camacho

Mercedes Camacho, DNP, APN, FNP-BC	11/12/2022	_____	11/12/2022
Signature of Licensed Health Care Provider	Date	Patient signature	Date

Occupational and Community Health Services, Inc. – 3300 Hudson Ave., Union City, NJ 07087 – Phone: (201)325-8002 – Fax: (201)325-9718

QUALITATIVE RESPIRATOR FIT TEST REPORT

as per

OSHA STANDARD 29 CFR 1910.134 APP. C FOR RESPIRATORY PROTECTION

RESPIRATORY QUESTIONNAIRE	FIT TEST DATE	EXPIRATION DATE
No contraindication	11/12/2022	11/12/2023
FIRST NAME	**LAST NAME**	**SOCIAL SECURITY NUMBER**
XAVIER	LOPEZ	767-50-3499

RESPIRATOR DATA

TYPE: APR HALF FACE

MANUCAFUTER: NORTH

MODEL: 7700-30

SIZE: MEDIUM

TESTING AGENT: BITTER AMER

POSITIVE PRESSURE TEST: PASS

NEGATIVE PRESSURE TEST: PASS

DEEP BREATHING: PASS

TURN HEAD SIDE TO SIDE: PASS

NOD HEAD UP AND DOWN: PASS

TALK ALOUD: PASS

JOG IN PLACE: PASS

FACIAL HAIR: NONE

Mercedes Camacho

Mercedes Camacho, DNP, APN, FNP-BC _____ 11/12/2022

Signature of Tester Signature of respirator user Date

ORIGINAL MUST BEAR OCHS WATERMARK SEAL. EMAILED CERTIFICATES MUST BE DONE EXCLUSIVELY VIA OCHS EMAIL.

LEGAL NOTICE/ NOTA LEGAL: This fit-test is pertains only to the person tested. The alteration of this document for fraudulent purposes is a federal crime. Esta prueba pertenece solo a la personal que se lo hizo. La alteracion de este documento para usos fradulentes constituye un delito federal.

WATERMARK SEAL:

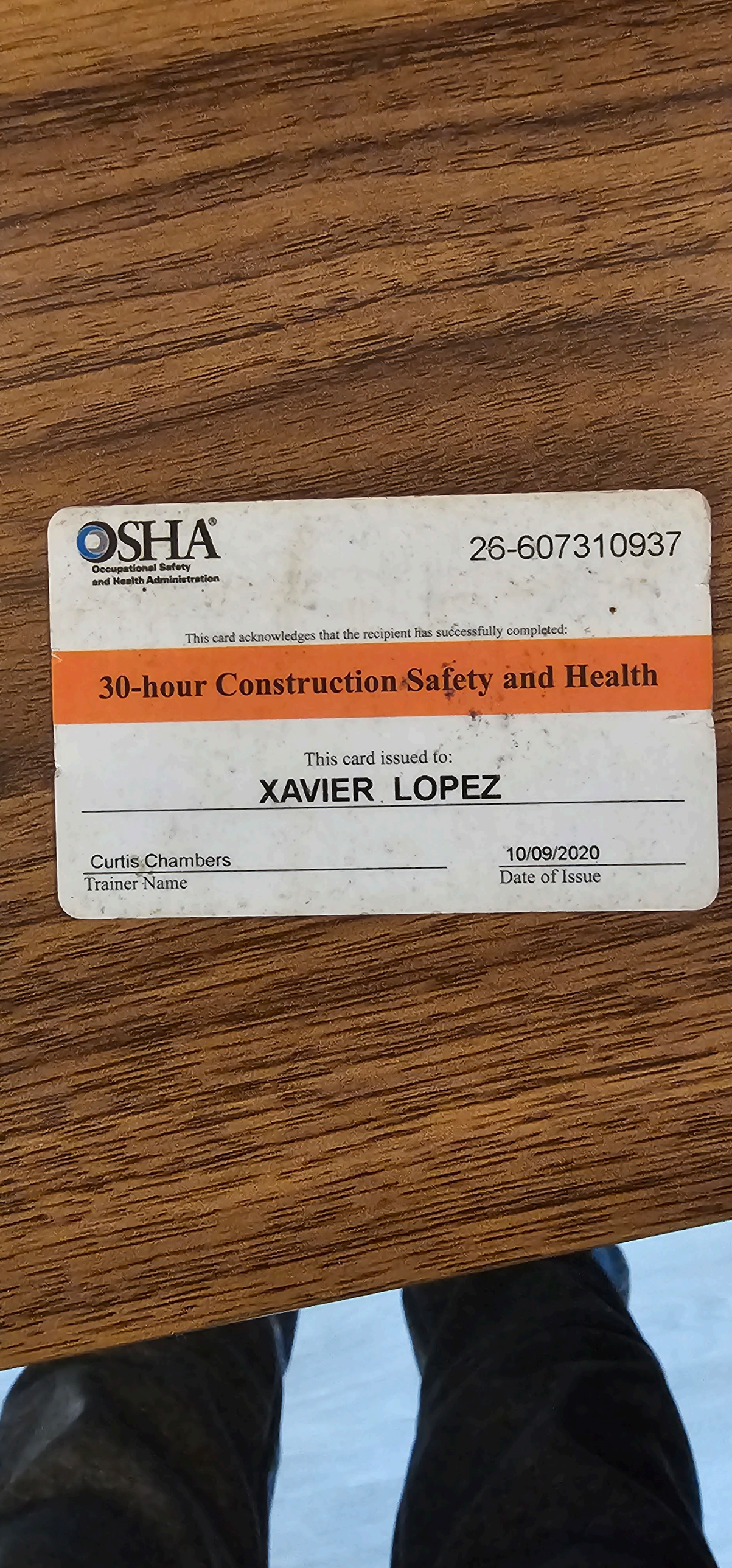
STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE

N.Y.S

XAVIER LOPEZ
CLASS(EXPIRES)
G SUPR (06/24)

CERT# 23-6T9EH-SHAB
DMV# 239003966

MUST BE CARRIED ON ASBESTOS PROJECTS


OSHA
Occupational Safety and Health Administration
26-607310937
This card acknowledges that the recipient has successfully completed:
30-hour Construction Safety and Health
This card issued to:
XAVIER LOPEZ
Curtis Chambers
Trainer Name
10/09/2020
Date of Issue