

Patient: ELVYN J. POZO

DOB: 01/28/1978

Physician: MERCEDES CAMACHO, FNP

DOS: 01/07/2023

OCCUPATIONAL AND COMMUNITY HEALTH SERVICES

3300 Hudson Avenue, Union City, NJ 07087

Tel: (201) 325-8002

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MEDICAL EVALUATION: ASBESTOS WORK

Last Name POZO	First Name ELVYN	Social Security Number 350-95-9761	Date of Birth 01/28/1978
Address 3 ORCHARD AVE		Apartment Number 3	Male/Female Male
City GARFIELD	State/Province NJ	Postal Code 07026	Home Phone 3475954547
Emergency Contact Person ANA GUTIERREZ		Emergency Contact Telephone 347-604-4856	

The patient indicated above has been evaluated 01/07/2023 in compliance with
on _____

OSHA Asbestos Medical Screening and Surveillance standard 1910.1001 (29CFR.)

MEDICAL HISTORY REPORT

OSHA Standard 1910.134 App C Questionnaire for respiratory protection

X unremarkable significant finding

OSHA Standard 1926.1101 App D Questionnaire for asbestos workers

X unremarkable Significant finding

Patient is: X non-smoker smoker _____ cigarettes/day X _____ years quit smoking on _____ after _____ years

Last Chest X-ray dated _____, results: normal abnormal _____

Respiratory system evaluation within normal limits deviations from normal _____

Gastrointestinal system evaluation within normal limits deviations from normal _____

Cardiovascular system evaluation within normal limits deviations from normal _____

PHYSICAL EXAMINATION REPORT:

Blood pressure 120/80 HR 85 RR 17 HT 6'2" WT 224 lb. Visual acuity: Lt. Eye _____ Rt. Eye _____

Pulmonary function test X normal abnormal results attached

Electrocardiogram (per clinician discretion) normal significant deviations from normal N/A

Physical examination X within acceptable limits significant deviations from normal

Chest X-ray: not indicated ordered normal abnormal results pending

RESULTS:

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

ABLE TO WORK IN ASBESTOS AND WEAR RESPIRATORY PROTECTION WITH RESTRICTIONS

CLEARANCE DENIED POSTPONED NEEDS FURTHER EVALUATION OR FOLLOW-UP

SPECIFIC RECOMMENDATIONS:

1. Do not smoke cigarettes.
2. Always wear respirator mask while at work

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 use of respirators and asbestos work have been explained to me (patient).

Los resultados de esta evaluacion medica han sido explicados a mi persona

THIS MEDICAL EVALUATION REPORT EXPIRES ON: 01/07/2024

This report must be accompanied by numeric and graphical printout of the spirometry results.

Original report and all copies must bear the OCHS watermark seal.

MERCEDES CAMACHO, DNP, APN, FNP-BC

01/07/2023

01/07/2023

Signature of Licensed Health Care Provider

Date

Patient Signature

Date

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QUALITATIVE RESPIRATOR FIT TEST REPORT

FIT TEST RECORD NUMBER	FIT TEST DATE 01/07/2023	EXPIRATION DATE 01/07/2024
FIRST NAME ELVYN	LAST NAME POZO	SOCIAL SECURITY NUMBER 350-95-9761

RESPIRATION DATA

TYPE:APR HALF FACE

MANUFACTURER:NORTH

MODEL: 7700-30

SIZE:MEDIUM

TESTING AGENT: BITTER/AMER

POSITIVE PRESSURE TEST:PASS

NEGATIVE PRESSURE TEST:PASS

NORMAL BREATHING: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

A handwritten signature in black ink, appearing to be "MC", is written over a horizontal line.

MERCEDES CAMACHO, DNP, APN, FNP-BC

SIGNATURE OF TESTER

DATE: 01/07/2023

SIGNATURE OF RESPIRATOR USER

ORIGINAL MUST BEAR ISES WATER MARK SEAL

LEGAL NOTICE / NOTA LEGAL: This fit-test is personal. The alteration of this document for fraudulent purposes is a federal crime. La alteracion de este doel/mento para usos fraudulentos es un crimen federal.

Patient Information

Name ELVYN POZO
ID 350959761
Age 40
Height 6 ft 2 in
Weight 224 lbs, BMI 28.7
Gender MALE
Ethnic HISPANIC
Smoker NO
Asthma NO

Test Information

Test Date/Time 01/07/2023 10.03
Post Time --
Test Mode FRONTLINE
Syst. Interpret. NLHEP
Predicted Ref Nhanes III
Value Select BEST VALUE
Tech ID
Automated QC ON
BTPS (IN/EX) --/ 1.02

FVC Test Results

Your FEV1 is 93% Predicted

Parameter	Best	Pred	%Pred
FVC[L]	5.6	5.9	95
FEV1[L]	4.4	4.8	93
FEV1/FVC[%]	79.7	81.2	98
PEF[L/min]	595.6	689.7	86

Pre-Test FEV1 Var=0.10L 2.2%; FVC Var=0.10L 1.7%; Session Quality D
Syst. Interpret. Normal, but the values shouldn't be used for comparisons with other tests
Caution: Only One Acceptable Maneuver - Interpret With Care.

