

Health Services Policy and Procedures for Occupational Medical Testing Lawrence Berkeley National Laboratory

I Policy

Before Lawrence Berkeley National Laboratory (LBNL) administers any occupational medical test to any employee, it will (1) notify the employee of the nature of the test to be performed, the reason it will be performed, the information it will provide and the requirements and circumstances that may permit persons other than those in the LBNL Health Services Group to have access to the test results; and, (2) obtain the employee's consent, in writing, to the test or tests. (LBNL's conditioning of employment upon appropriate medical certification for employment in circumstances in which LBNL is legally required or permitted to assess an employee or accepted applicant for fitness for duty or qualification to perform the essential functions of the position the employee then holds or wishes to hold shall not be considered a violation of this commitment to obtain an employee's written consent to medical testing).

II Procedures to Identify Recommended Occupational Medical Testing

1. **New employees:** All employees will be required to fill out the employee portion of the form "Employee's Report of Potential Hazards," Attachment 1, to assess hazards or exposures to which the employee may be subjected on the job. A Health Services Health Care Professional (RN/MD) will review the completed form with the employee and will determine if any exams/tests are recommended or required in order for the employee to perform the job.
2. **Other employees:** All other employees who arrive at Health Services for medical or health reasons will confer with a Health Care Professional to determine the reason(s) for medical evaluation and any recommended medical history, tests or procedures.

III Consent to Medical History, Tests or Procedures

1. LBNL career professional staff (RN/MD) will provide to all employees offered a medical evaluation a "Consent to Medical History, Tests or Procedures" form, Attachment 2, bearing the employee's name, employee number and date of examination with the following additional information completed or supplied by the RN/MD:
 - a. Reason(s) for medical evaluation filled in on Part I
 - b. Recommended medical history, test or procedures checked in the "Recommended" box by the RN/MD on Part II, and
 - c. The "Description of Laboratory Tests and Clinical Procedure," Attachment 3.
2. Each employee will be asked to review the Recommendations and Descriptions and, after having completed that review, will be offered the opportunity to ask the RN/MD any questions he/she has concerning the recommendations or the reasons for them.
3. After the employee has completed his/her review and received answers to any questions, the RN will ask the employee to initial each recommendation in Part II either to accept or reject it. The RN will in turn initial each recommended test or procedure to acknowledge the employee's decision.
4. After completing the steps above, the employee will be asked to sign and date the consent form to confirm his/her consent to the tests and procedures he/she has initialed to accept.
5. In all cases, the employee's executed "Consent to Medical History, Tests or Procedures" form is to be placed in the employee's medical file with a "Description of Laboratory Tests and Clinical Procedures" attached.

IV Authorized Disclosure by Employee

If the employee wishes to have his/her records, or any part of them, sent to another health care professional or to some other third person, he/she must execute the "Authorization For Release Of Health Information," Attachment 4. Each such authorization shall be retained in the employee's medical file.