

EMPLOYEE REFERRAL FORM FOR MEDICAL SURVEILLANCE PROGRAM

NAME OF COMPANY :

ADDRESS :

PERSON IN CHARGE :

CONTACT (TEL/FAX/EMAIL) :

1. CHEMICAL INFORMATION USED IN WORKPLACE

WORK UNIT	LIST OF CHEMICAL HAZARDOUS TO HEALTH USED	NO. OF WORKERS EXPOSED TO CHEMICAL HAZARDOUS TO HEALTH

2. PERSONAL EXPOSURE MONITORING RESULTS

3. CHEMICAL HEALTH RISK ASSESSMENT DETAILS

- i. NAME OF ASSESSOR :
- ii. DOSH REGISTRATION NO. :
- iii. DATE OF REPORT :

NAME OF CHEMICAL	MONITORING DATE	RESULTS

4. EXISTING CONTROL MEASURE :

I CERTIFY THAT THE INFORMATION ABOVE IS CORRECT. **LIST OF EMPLOYEES EXPOSED** TO CHEMICAL HAZARDOUS TO HEALTH ARE ATTACHED.

NAME NOTIFIER : COMPANY STAMP :

SIGNATURE : DATE :