

Employment Medical Advisory Service
Control of Lead at Work Regulations 2002

Notification to employer of biological test results and record of medical surveillance

To: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	From (Name and address of EMA / AD) <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
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Date of assessment test	Name	D.O.B	Work activity	Clinical assessment (Yes or No)	Consent given to disclosure of results to employer (Yes or No)	Biological tests		Date of next assessment
						Type	Result (actual where employee consents; otherwise blood-lead range - see footnote overleaf)	

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Employment Medical Adviser's / Appointed Doctor's signature <input style="width: 95%; height: 20px;" type="text"/>	Date <input style="width: 95%; height: 20px;" type="text"/>
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Footnote: Blood-lead ($\mu\text{g}/\text{dl}$) range codes:

- A under 30
- B $\geq 30 < 40$
- C $\geq 40 < 50$
- D $\geq 50 < 60$
- E 60 and over