



MEDICAL SURVEILLANCE INFORMATION

Instructions - Supervisor

This completed form should be provided to the employee in need of a hearing/audiometric exam and presented (by the employee) to the medical provider at the time of the exam.

| Employee Name: | | | | |
|---|--------------------------------|---|------------------------------|--|
| Employee Department: School of Architecture | | | | |
| Scheduled Exam Date: | | E | Exam Time: | |
| Check the appropriate exam type: | | | | |
| | Audiometric - Baseline Hearing | | Audiometric - Annual Hearing | |

Instructions - Medical Provider

Send results of the audiometric testing to:

| Test Results | | |
|-------------------------------|--|--|
| Garrett Moll | | |
| Syracuse University | | |
| Environmental Health & Safety | | |
| (EHSS) | | |
| 029 Lyman Hall | | |
| Syracuse, NY 13044 | | |
| | | |
| Tel: 315-443-9131 | | |
| Email: gjmoll@syr.edu | | |

Send invoices to:

| Invoices | | |
|------------------------------|--|--|
| Nancy Hard | | |
| Syracuse University | | |
| School of Architecture | | |
| 204 Slocum Hall | | |
| Syracuse, NY 13044 | | |
| | | |
| Tel: 315-443-8238 | | |
| Email: <u>nahard@syr.edu</u> | | |

Any recommended changes to the above information should be directed to the Program Administrator at Environmental Health and Safety Services (315-443-9131).