



**Freeport LNG Employee Physical Authorization Form**

**2022 PO # 4590001149**

All physicals and exams to be performed at ProActive Work Health Services (formerly All American) located at 1100 N. Brazosport Blvd. Suite 3, Freeport, TX 77541 P # 979.705.7565 F # 979.358.3010.

Physical Exam Categories and Specifications – To be Verified (see signature line below) by OHS&S Department				
HR will complete for Pre-Employment & Pre-Placement	Authorization Date: (mm/dd/yyyy) 12/01/2022		Employee Name: CYNTHIA HARPER	
	Employee Date of Birth: (mm/dd/yyyy) 12/10/1962		Employee Supervisor Name: HENRY CALDWELL	
	Employee Phone #: (###-###-####)		Employee Position Title: CONTROL SYSTEMS	
Reason for Physical: <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Pre-Placement <input checked="" type="checkbox"/> Annual				
<input type="checkbox"/> Other (e.g. OSHA Surveillance, follow-up, etc.) Details for Other:				
To be completed by OHS & S Group (e.g. Norma McGee or McKenzie (Henry) Penrod)	Is drug testing required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If Yes, what kind of drug test? <input type="checkbox"/> DOT PHMSA Urine <input type="checkbox"/> 10 Panel Rapid			
	Are any additional Medical Exams required that are not listed in the categories below? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If yes, please list or choose some of the following: <input type="checkbox"/> Pulmonary Function Test (PFT) <input type="checkbox"/> Chest X-Ray			
	<input type="checkbox"/> TB Skin Test <input type="checkbox"/> Other			
	Details for Other:			
	Select the Physical to be conducted for the employee. <input type="checkbox"/> Not Required			
	Category A Physical <input type="checkbox"/>	Category B Physical <input checked="" type="checkbox"/>	Category C Physical <input type="checkbox"/>	Category D Physical <input type="checkbox"/>
	Physical Exam (Medical Evaluation)	Physical Exam (Medical Evaluation)	Physical Exam (Medical Evaluation)	Physical Exam (Medical Evaluation)
		Audiogram	Audiogram	Audiogram
		Respirator Fit Test (SCOTT AV 3000 Full-face) (3M 6500QL Half-face)	Respirator Fit Test (SCOTT AV 3000 Full-face) (3M 6500QL Half-face)	
			EKG	
			Complete Metabolic Panel (CMP)	
			Complete Blood Count (CBC)	
			Regulatory Medical Surveillance	
			• Urinary Phenol Test	
			Hepatitis Panel	
			Hepatitis A Vaccine*	
			Hepatitis B Vaccine*	
			TDAP Shot*	
* Immunization/vaccines are recommended and offered by Medical Service Provider (MSP), but are not mandatory.				
OHS&S Signature Verification: Norma McGee			Digitally signed by Norma McGee Date: 2022.11.17 15:26:47 -06'00'	
The FLNG contacts for physicals are Norma McGee and McKenzie (Henry) Penrod.				
Norma McGee nmgeee@freeportlng.com 713-634-9585 979-482-7557		McKenzie (Henry) Penrod mhenry@freeportlng.com 979-824-7540 979-373-4647		

All Physical Authorizations must be completed and emailed to [brazosfrontdesk@proactiveworks.net](mailto:brazosfrontdesk@proactiveworks.net), CC Norma McGee and McKenzie Henry.