**U.S. Environmental Protection Agency (EPA)**

**Organization \_\_\_\_**

**Street Address**

**City, State and Zip Code**

Date: \_\_\_\_\_\_\_\_\_\_\_

SUBJECT: Medical Surveillance Awareness Training Documentation

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (SHEMP Manager or another designated person)

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (EPA emergency responder)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Removal Manager)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Health and Safety Program Contact)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Others)

Please be advised that (Name of EPA employee) has participated in the following training:

Course Name: Medical Surveillance Awareness Training

Course Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Course Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Training topics included:

* Overview of medical surveillance program, including roles and responsibilities
* Medical examination procedures and components
* Exposure tracking
* Emergency exposure and injury procedures
* Vaccination considerations/biological hazards
* Special examinations
* Issuance of antibiotics
* Issuance of nerve agent antidote kits
* Recordkeeping requirements

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_