

OCCUPATIONAL MEDICINE PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – Shands Jax/SJ TCU 7 – Wolfson 8 – Brooks 9 – BMC - South 10 – SV Clay

The minimum education, training and experience qualifications for core privileges are as delineated in each hospital's Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request these privileges.

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	CORE PRIVILEGES	APPR
										Work-up, admission, diagnosis, treatment of the adult occupational medical patient, with appropriate consult when indicated. Includes provision of general preventive medicine services appropriate to workplace populations and medical preparation of patients for special duties, including foreign travel. Performance of minor surgical procedures to correct and treat injuries of the skin and soft tissue, head and neck, eyes, and extremities. Ambulatory management of musculoskeletal, hand and head trauma and management of regional musculoskeletal complaints resulting from occupational exposures. Evaluation and treatment of toxic exposures, radiation exposures and infectious disease exposures, with appropriate consultation where indicated. Recommendations regarding population medical surveillance and environmental monitoring, work practices and protection from exposures based on toxicology data.	

To request Special Procedures, please place an "X" in the appropriate hospital column. If the condition/privilege you desire is not included on this form, please submit a separate written request along with appropriate documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES	APPR
										Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	
										Uncomplicated minor closed fractures (not involving traction or major manipulation)	
										Forensic medical review of toxicology testing results for substance abuse testing	
										Complex environmental sampling and analysis to determine patient exposures	

Acknowledgement of Practitioner: I understand that (a) in exercising clinical privileges granted, I am constrained by each hospital's Medical Staff Policies, rules and regulations, and (b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of each hospital's Medical Staff Bylaws.

Applicant Signature: _____ Date: _____

- Privilege not available in this specialty at this hospital.
- ++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.