[Date]

To: [Recipient Name/Organization]
From: [Medical Professional Name/Department]
Subject: Medical Clearance for Hazardous Materials (HAZMAT) Responder Duty

Dear [Recipient Name],

This letter is to certify that I have performed a medical evaluation on **[Employee Full Name]**, Date of Birth: **[DOB]**, on **[Date of Examination]**.

The evaluation was conducted in accordance with 29 CFR 1910.120 (OSHA Hazardous Waste Operations and Emergency Response standard) and NFPA 1582 (Standard on Comprehensive Occupational Medical Program for Fire Departments), as applicable.

Based on the results of the physical examination, medical history, and relevant diagnostic testing, I have determined the following:

Status:
[ ] **CLEARED:** The individual is medically fit to perform the full duties of a Hazardous Materials Responder, including the use of Level A/B/C personal protective equipment (PPE) and self-contained breathing apparatus (SCBA), without restrictions.
[ ] **CLEARED WITH RESTRICTIONS:** The individual is cleared for duty subject to the following limitations: [List Restrictions].
[ ] **NOT CLEARED:** The individual is not medically cleared for HAZMAT duty at this time.

This clearance is valid until **[Expiration Date]** unless a change in health status occurs prior to that date.

Sincerely,

[Signature]
[Printed Name of Physician/Licensed Health Care Professional]
[License Number]
[Phone Number]
[Clinic/Facility Name]