

Date: [Insert Date]

To: [Employer Name]

Address: [Employer Address]

Subject: INITIAL MEDICAL EXAMINATION WRITTEN OPINION (ASBESTOS)

Employee Name: [Insert Employee Full Name]

Employee ID/SSN: [Insert ID or Last 4 of SSN]

To Whom It May Concern,

In accordance with OSHA Standard 29 CFR 1910.1001 and 1926.1101, I have performed an initial medical examination on the above-named employee on [Insert Date of Exam].

This evaluation included a medical and work history, a physical examination, and a pulmonary function test (Spirometry). If required, a chest X-ray was also performed and interpreted.

Medical Opinion:

- The results of the medical examination [**DO / DO NOT**] indicate any detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos.
- The employee [**HAS / HAS NO**] recommended limitations on their exposure to asbestos.
- The employee [**IS / IS NOT**] medically cleared to wear a respirator while performing asbestos abatement work.
- **Specific limitations (if any):** [Insert limitations or write N/A]

The employee has been informed by me of the results of this medical examination and of any medical conditions that may result from asbestos exposure.

The employee has also been advised of the increased risk of lung cancer associated with the combined effect of smoking and asbestos exposure.

Sincerely,

[Physician Signature]

[Physician Name, M.D./D.O.]

[Clinic/Medical Facility Name]

[Address]

[Phone Number]