

Date: [Insert Date]

To: [Employer Name/Company Name]

Address: [Insert Address]

Subject: MEDICAL EVALUATION FOR ASBESTOS WORKER CLEARANCE

Employee Name: [Insert Full Name]

Date of Birth: [Insert DOB]

Employee ID: [Insert ID Number]

To Whom It May Concern,

In accordance with OSHA Standard 29 CFR 1910.1001 and 1926.1101, a medical evaluation has been performed on the above-named individual. This evaluation included a physical examination, a medical history review, and a Pulmonary Function Test (Spirometry).

Medical Results:

- The employee has been informed of the results of this medical examination.
- The employee has been informed of any medical conditions that would place them at an increased risk of material health impairment from exposure to asbestos.
- The employee has been informed of the health risks associated with smoking and asbestos exposure.

Work Limitations/Clearance:

The employee is cleared to work with asbestos without limitations.

The employee is cleared to work with asbestos with the following limitations: [Insert Limitations]

The employee is NOT cleared to work with asbestos.

Respiratory Protection:

The employee is medically fit to wear a respirator while performing asbestos-related work.

The employee is NOT medically fit to wear a respirator.

This evaluation is valid until [Insert Expiration Date].

Sincerely,

Physician/Healthcare Provider Signature

[Print Provider Name]
[License Number]
[Clinic/Facility Name]
[Contact Information]