

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID Number]

Subject: Determination of Medical Fitness - Asbestos Surveillance

Dear [Employee Name],

A review of your recent chest X-ray and medical surveillance results has been completed in accordance with occupational health standards for asbestos exposure.

Based on the findings of the chest radiology report dated [Insert Date of X-ray]:

[] CLEARANCE GRANTED: No clinical abnormalities related to asbestos exposure were identified. You are medically cleared to continue work activities involving potential asbestos exposure, provided all required personal protective equipment (PPE) and safety protocols are followed.

[] CLEARANCE WITH RESTRICTIONS: You are cleared for work with the following limitations: [Insert Restrictions].

[] FURTHER EVALUATION REQUIRED: Specific findings require further diagnostic follow-up. Please contact the medical department to discuss the next steps. Clearance is pending until further notice.

A copy of your radiology report and the physician's written opinion will be maintained in your confidential medical file. You have the right to request a copy of these records at any time.

If you have any questions regarding these results, please contact the Occupational Health Office at [Insert Phone Number].

Sincerely,

[Physician Name/Medical Examiner]

[Medical Facility/Company Name]

[Contact Information]