

Date: [Date of Examination]

To: [Employer Name]

Employer Address: [Employer Street Address, City, State, Zip]

Re: OSHA Asbestos Medical Evaluation Clearance

Employee Name: [Employee Name]

Employee ID/SSN (Last 4): [ID Number]

In accordance with OSHA Asbestos Standards (29 CFR 1910.1001, 29 CFR 1926.1101, or 29 CFR 1915.1001), a medical examination has been performed on the above-named individual.

Medical Determination:

Based on the results of the medical examination, including a review of the employee's medical and work history, physical exam, and pulmonary function tests (if applicable), it is my professional opinion that:

- The employee [**HAS / DOES NOT HAVE**] any detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos.
- The employee [**IS / IS NOT**] cleared to wear a negative pressure respirator.
- The employee [**IS / IS NOT**] cleared to wear a powered air-purifying respirator (PAPR).

Recommended Limitations:

[Insert "None" or describe specific limitations on assigned duties or respirator use]

Statement of Notification:

1. The employee has been informed by the undersigned of the results of this medical examination.
2. The employee has been informed of any medical conditions that may result from asbestos exposure that require further explanation or treatment.
3. **Notice to Employer:** This written opinion does not contain any specific findings or diagnoses unrelated to occupational exposure to asbestos, as required by OSHA standards.

Examining Physician Information:

Physician Name: [Physician Name]

Signature: _____

Medical Facility: [Clinic Name]

Address: [Clinic Address]

Phone: [Clinic Phone Number]