

Date: [Date]

To: [Employer Name / Health and Safety Department / Organization Name]

Subject: Emergency Asbestos Exposure Medical Clearance

Patient Name: [Patient Full Name]

Date of Birth: [Date of Birth]

Date of Exposure Incident: [Date]

To Whom It May Concern,

This letter serves to certify that [Patient Name] has undergone a medical evaluation following an emergency/accidental exposure to asbestos fibers on the date listed above.

Based on the clinical examination and the immediate diagnostic results (including respiratory assessment and/or chest imaging if applicable), the following determination has been made:

Clearance Status:

- The patient is **CLEARED** to return to work/normal duties without restrictions.
- The patient is **CLEARED** to return to work with the following restrictions: [List Restrictions].
- The patient is **NOT CLEARED** to return to work and requires further evaluation or specialist consultation.

Recommendations:

The patient has been advised regarding the latency period associated with asbestos-related conditions. It is recommended that this incident be documented in the patient's permanent occupational health record for future baseline comparisons.

Please contact my office at [Phone Number] if you require further information.

Sincerely,

Physician Signature: _____

Physician Name: [Name and Title]

Medical Facility: [Clinic/Hospital Name]

License Number: [Number]