

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID]

Address: [Insert Address]

Subject: Notification of Post-Employment Asbestos Medical Examination Requirement

Dear [Employee Name],

In accordance with OSHA regulations (29 CFR 1910.1001 or 29 CFR 1926.1101) and our company safety policy, this letter serves as formal notification regarding your medical surveillance requirements following the termination of your employment, effective [Last Date of Employment].

As your role involved potential exposure to airborne asbestos fibers above the permissible exposure limit (PEL) or excursion limit, you are required to undergo a final exit medical examination. This examination is provided at no cost to you.

Examination Details:

- **Provider:** [Clinic/Physician Name]
- **Location:** [Clinic Address]
- **Deadline:** [Insert Date - typically within 30 days of termination]

The purpose of this examination is to document your current respiratory health status and ensure a permanent medical record is established for your future protection. You will be provided with a written medical opinion from the physician regarding your results.

Please contact [Department/Contact Person] at [Phone Number] to confirm your appointment or if you have questions regarding the scheduling process.

We thank you for your service and wish you the best in your future endeavors.

Sincerely,

[Your Name]

[Your Title]

[Company Name]