

Date: [Insert Date]

To: [Employer Name/Company Name]

Address: [Employer Address]

Subject: UNCONDITIONAL MEDICAL CLEARANCE FOR ASBESTOS ABATEMENT WORK

Employee Name: [Employee Full Name]

Date of Birth: [Employee DOB]

Employee ID/SSN (Last 4): [Optional: XXX-XX-0000]

To Whom It May Concern,

In accordance with OSHA Asbestos Standard 29 CFR 1910.1001 and 29 CFR 1926.1101, I have performed a medical examination on the above-named individual. This evaluation included a review of the employee's medical and work history, a physical examination, and [List tests performed, e.g., pulmonary function tests and/or chest X-ray].

Based on my findings, I have determined that there are **no medical limitations** or restrictions placed upon this employee regarding the following:

- Performing asbestos abatement activities.
- Wearing and utilizing negative pressure or powered air-purifying respirators (PAPR).
- Wearing protective clothing and equipment required for asbestos work.

The employee has been informed of the results of this medical examination and has been advised of any medical conditions that require further explanation or treatment. The employee has also been informed of the increased risk of lung cancer associated with the combined effect of smoking and asbestos exposure.

This medical clearance is valid until [Insert Expiration Date, typically 1 year from exam].

Sincerely,

Physician Signature

Physician Name: [Print Name]

Medical License Number: [Insert License #]

Facility Name: [Clinic/Hospital Name]

Phone Number: [Contact Number]