

PHYSICIAN'S WRITTEN OPINION

On _____ I examined _____

Social Security Number _____ Last Four _____

Section (m)(4)(i) of 29 CFR 1926.1101 and Nevada Revised Statutes (NRS) 618.750-618.850; requires that the examining physician provide the employer with a written opinion in regards to the individuals ability to wear respiratory device,(both positive and negative pressure) and any medical condition that would put the individual at an increased risk of material health impairment from exposure to asbestos. I have informed the individual named above the results of the medical examination and of any medical condition that may result from their exposure to asbestos. I have discussed the effect of Smoking or using Tobacco products and the increase risk of lung cancer or other cancer with the above individual.

I have been provided A copy of CFR 1926.1101including appendices D, E, and I; The Employer has provided me with information about the type of respiratory protection that the individual will use, and I understand the physical requirements of that equipment. The Employer has instructed me not to discuss any finding not related to the exposure from asbestos with the Employer .

_____ Based on my findings this individual may use respiratory protection equipment.

_____ The results of this examination have not detected any medical condition which would place this individual at an increased risk of material health impairment from exposure to asbestos.

_____ Based on my findings this individual may not use respiratory protection equipment.

_____ The results of this examination have detected a medical condition which would place this individual at an increased risk of material health impairment from exposure to asbestos.

The complete medical examination report, except any findings not related to exposure to asbestos, of this individual will be forwarded to the employer pending final conclusion and interpretation of any additional medical data collected during the examination. A complete copy of all findings will be provided to the above individual a copy of the results of this examination within the next thirty (30) days.

Signed: _____
EXAMINING PHYSICIAN