

## PHYSICIAN'S WRITTEN OPINION

On \_\_\_\_\_ I examined \_\_\_\_\_

Social Security Number (Last Four) \_\_\_\_\_

Section (m)(4)(i) of 29 CFR 1926.1101 and California Administrative Code Title 8 1529; 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 Calif. Title 8 1529 including appendices D, E, and I; The Contractor 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 Contractor has instructed me not to discuss any finding not related to the exposure from asbestos with the contractor.

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.

Based on my findings this individual may use respiratory protection with the following limitations.

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. The Employer shall be provided with only the original copy of this opinion.

Signed: \_\_\_\_\_  
EXAMINING PHYSICIAN