

HEALTHLINE MEDICAL GROUP  
FITNESS FOR DUTY/RESPIRATOR USE

Employee Name (first, middle, last) \_\_\_\_\_

Date of Exam \_\_\_\_\_

Employer \_\_\_\_\_

Please advise the company if you find that this employee has any medication conditions which would place the employee at risk of material health impairment from exposure.

To: \_\_\_\_\_

Do not disclose conditions of diagnoses unrelated to exposure(s) noted.

Also, please advise if there are any recommended physical limitations on this employee or upon the use of personal equipment such as clothing or respirators.

**EVALUATION:**

ABLE TO WEAR AND USE RESPIRATOR?  YES  NO  ONLY WITH  
RESTRICTIONS NOTED

MEDICAL RESTRICTION(S) OR LABORATORY RESULTS PRESENT WHICH WOULD  
PLACE EMPLOYEE AT INCREASED RISK?  YES  NO

IF YES, CONDITIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
MEDICAL RESTRICTIONS:  NONE IF RESTRICTIONS PRESENT, PLEASE  
DESCRIBE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
RECOMMENED FURTHER MEDICAL  
FOLLOW-UP \_\_\_\_\_

**PHYSICIAN'S WRITTEN OPINION**

I have reviewed the OSHA Standard for the noted exposure(s) and understand the Medical Surveillance requirements. This employee has been informed by me of the results of the medical examination and any medical conditions resulting from the noted exposure(s) that require further explanation or treatment. For those exposed to asbestos, the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure has been communicated by me the employee.

NAME OF EXAMING PHYSICIAN: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

EMMETT A. BERG, D.O. BARRY S. ROSENBLUM, D.O.  
TIM S. JONES, P.A.

SIGNED: \_\_\_\_\_

ADDRESS: 15211 VANOWEN ST.#105  
VAN NUYS, CA 91405 818-997-7711

DATE: \_\_\_\_\_