



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

Bob Taft / Governor

J. Nick Baird, M.D. / Director of Health

MEMORANDUM

To: All Licensed Asbestos Hazard Abatement Contractors
All Approved Asbestos Training Providers

From: Mark Needham, Asbestos Program Administrator *MJN*

Subject: Physician's Written Opinion - Recommended Form

Date: January 29, 2007

The Ohio Department of Health (ODH) has updated the "Recommended Asbestos Medical Examination Determination" form to include information currently required by the OSHA Asbestos Construction Standard, 29 CFR 1926.1101 and changed its title to "Physician's Written Opinion - Recommended Form". Use of the enclosed form is not required by ODH but its use will satisfy the Ohio Administrative Code requirement that a certified individual maintain valid proof of their physician's written opinion at all times on each project site.

This memo and form will be posted on the ODH Asbestos Program webpage under memorandums at www.odh.ohio.gov.

Please call me at 614-466-0061 with any questions or concerns that you have regarding this form.

Ohio Department of Health

Physician's Written Opinion - Recommended Form

The following individual has been examined in accordance with the Occupational Safety and Health Administration (OSHA) Asbestos Construction Standard, 29 CFR 1926.1101:

Name of Individual: _____

Birth Date of Individual: _____

Date of Examination: _____

Name of Examining Physician: _____

Name of Medical Facility: _____

Address of Medical Facility: _____

Phone No. of Medical Facility: _____

In accordance with the requirements of Section (m) of the OSHA Asbestos Construction Standard, 29 CFR 1926.1101, the examining physician will provide the employer with a written opinion which shall contain the following: (*the physician must check a box for each statement below*)

1. Based on the results of the medical examination, I have determined this individual may may not use a respirator while performing asbestos work. Recommended limitations for respirator use: _____

2. The results of my examination today have have not detected a medical condition which would place the employee at an increased risk of material health impairment from exposure to asbestos.
3. I have informed the above named individual of the results of the medical examination and of any medical conditions that may result from asbestos exposure.
4. The employee has been advised of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Signature of Examining Physician: _____

Date: _____