TEXAS Health and Human Services | Texas Department of State Health Services

Physician's Written Statement - Medical Surveillance for Asbestos Exposure

Environmental & Sanitation Unit • 800-572-5548 or 512-834-6600 • Asbestos.reg@dshs.texas.gov

Applicant Name (First, M.I., Last | Date of Birth | Social Security Number

Street Address | City | State | Telephone Number

I saw the above-named individual on _____and I completed the following.
(Must be filled-in by Physician or clinic.)

- Completed and reviewed the standardized medical questionnaire. Reviewed work history. I put special emphasis on the pulmonary, cardiovascular, and gastrointestinal systems. Followed guidelines in part 1 and 2 of Appendix D in 29 CFR 1926.1101.
- If employed, I reviewed the employer provided description of this employee's duties as they relate to the employee's exposure. I reviewed employee's job duties for:
    - anticipated exposure level
    - personal protective equipment the employee must use, and
    - employee's previous medical information
- A physical examination with emphasis upon the pulmonary and gastrointestinal systems.
- The pulmonary function tests of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest x-ray: 14- by 17–inch, other reasonably-sized standard film, or digital posterior-anterior chest X–ray classified in accordance with 29 CFR 1926.1101, Appendix E was required and performed. **YES_____**or **NO_____**.

  ***NOTE: According to 29 CFR 1926.1101(m)(2)(ii)(C), the requirement for a chest x-ray is at the physician's discretion.**
- Informed the employee of the results of the exam. Educated the employee about medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates I determined no medical conditions were detected that would place the employee at an increased risk of material health impairment from exposure to asbestos. I recommended to the employee there are no limitations concerning the use of personal protective equipment or respirators. By signing this form, I acknowledge I performed the examination in accordance with either 29 CFR 1926.1101 or 40 CFR 763.122(a), as required.

Comments or limitations, if any

Physician's Signature | Physician's Printed Name | Date

Street Address | City | State | Telephone Number

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