Axiom Medical Consulting, LLC

PHYSICIAN'S WRITTEN OPINION

Name (Last, First)	Social Security Number	Today's Date

Examination(s) Performed: *The citations below refer to the Occupational Safety and Health Standards for General Industry (29 CFR 1910)*

- ☐ Acrylonitrite (1910.1045)
- ☐ Arsenic (1910.1018)
- ☐ Asbestos (1910.1001)
- ☐ Benzene (1910.1028)
- ☐ Cadmium (1910.1027)
- ☐ DOT - FMCSA (driver) (49 CFR Part 391)
- ☐ Fire Brigade
- ☐ Formaldehyde (1910.1048)
- ☐ HAZWOPER (1910.120)
- ☐ HazMat (1910.120)
- ☐ Audiogram - hearing (1910.95)
- ☐ Lead (1910.1025)
- ☐ Respirator (1910.134)
- ☐ Other (specify) _____

You have the following medical conditions which may place you at greater than normal risk from the exposures checked above:

☐ None

Specify _____

You require the following restrictions on work, on exposures at work, or on the use of personal protective equipment:

☐ None

Specify _____

Further medical evaluation is recommended as follows:

☐ None

Specify _____

The above employee has been informed of the results of his/her medical evaluation and of any conditions which may have resulted from the alleged occupational exposure(s) which require further explanation or treatment.

Physician's Signature	Date of Signature
Physician's Printed Name	Telephone

Physician's Address	City	State	Zip

Employee's Signature	Date of Signature