

FIT FOR DUTY STATEMENT

NAME: _____ SS#: _____

DATE OF EXAM: _____ PHYSICIAN: **GORDON C. STEINAGLE, D.O., M.P.H.**

EMPLOYER: _____

TYPE OF EXAM:

_____ ASBESTOS SCREENING (1910.1001)

_____ AUDIOLOGY EVALUATION (1910.95)

_____ HAZWOPER (1910.120)

_____ LEAD SURVEILLANCE (1910.1025)

_____ RESPIRATOR CLEARANCE (1910.134)

_____ RETURN TO WORK

_____ OTHER: _____

- The above named individual was found to be:
 - Fit for Duty** as per the above standard(s).
 - Not Fit for Duty** as per the above standard(s).
- Needs annual asbestos exam and chest x-ray.
- The above named individual has been informed of the synergistic effect of smoking and asbestos exposure in causing lung cancer.
- The above named individual was advised of the need for an annual _____ exam and _____.

This Fitness for Duty is based on a single medical evaluation, and is not valid if you develop new signs or symptoms. Moreover, new signs or symptoms should prompt urgent evaluation with your private physician.

GORDON C. STEINAGLE, D.O., M.P.H.

DATE