

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH – ASBESTOS PROGRAM**

**ASBESTOS OCCUPATION  
MEDICAL EXAMINATION**

Information to Examining Physician: Please complete this form in order to comply with Neb. Rev. Stat. Section 71-6310 pertaining to the State certification of an individual for an asbestos occupation. The statute provides that individuals may not be certified unless they have “been examined by a physician within the preceding year and declared by the physician to be physically capable of working while wearing a respirator”.

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**PHYSICIAN'S CERTIFICATION**

Name of Individual Examined: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address of Individual: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Based upon the results of my examination of the above named individual, I hereby declare that he or she (check and complete as necessary):

- Is physically capable of working while wearing a respirator
- Is not physically capable of working while wearing a respirator

Name of Examining Physician: \_\_\_\_\_

Physician's License Number: \_\_\_\_\_

Jurisdiction Issuing License: \_\_\_\_\_

Signature of Examining Physician: \_\_\_\_\_

**(Signature must be from the original examining MD; no copies will be accepted.)**

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_