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".

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 **(MD or DO only)**: _____

Physician's License Number: _____

Jurisdiction Issuing License:_____

Signature of Examining Physician:_____

Signature must be from MD or DO only

Business Address: _____

Business Phone: _____