

From: _____

To: Supervisor, _____ (dept/code)

Subj: PHYSICIAN'S/PROVIDER'S WRITTEN OPINION in the case of

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(Name)

(Last 4 SSN)

(Dept/Code)

1. The above noted individual was monitored and/or examined according to 29 CFR 1910.1027 regarding **cadmium** on _____ (date). On the basis of this examination the following comments are submitted.
 - a. The diagnosis is cadmium occupational medical surveillance examination.
 - b. A medical condition WAS / WAS NOT detected that would place the employee at an increased risk of material health impairment of the employee's health from further exposure to cadmium, including any indications of potential cadmium toxicity.
 - c. Any removal from, or limitations on the activities or duties of the employee or on this employee's use of personal protective equipment such as clothing or respirators ARE / ARE NOT recommended, as noted below.

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- d. The following are the results from the medical examination and any biological or other testing or related evaluations that directly assess the employee's absorption of cadmium.

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2. I have clearly and carefully explained to the employee the results of the medical examination, including all biological monitoring results and any medical conditions related to cadmium exposure that require further evaluation or treatment, and any limitation on the employee's diet or use of medications..

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(examiner's signature and stamp)

(date)

Original: Employer
Copies: Employee
medical record
cognizant Industrial Hygienist (if indicated)

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