

NAME: 

ASBESTOS MEDICAL ASSESSMENT RESULTS SUMMARY


Please be advised that the following candidate underwent a screening assessment for lung function prior and/or post asbestos exposure.

AGE: 40 COMPANY: 

	YES	NO
MEDICAL RESULTS NORMAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SPIROMETRY RESULTS NORMAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CHEST X-RAY RESULTS NORMAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DID ANY OF THE RESULTS INDICATE CAUSE FROM ASBESTOS EXPOSURE (If yes, elaborate in comment section below)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
REMOVAL FROM ASBESTOS REQUIRED	<input type="checkbox"/>	<input checked="" type="checkbox"/>
REFERRAL TO MEDICAL SPECIALIST REQUIRED	<input type="checkbox"/>	<input checked="" type="checkbox"/>

COMMENTS

There is no evidence of asbestos-related lung disease.

DATE OF ASSESSMENT 03/04/2017	Doctors and Practice Deails
RECOMMENDED DATE OF REVIEW April 2019	
SIGNATURE 	

Sample Document Only