



PHYSICIAN'S WRITTEN OPINION - ASBESTOS

Applicant's Name: Bryon Bloemker

Address: 337 Robben Ln Cin. OH 45238

"The above named individual was seen by me on 8.3.23 and in accordance with all applicable portions of OSHA's Asbestos Standard for the Construction Industry, 29 CFR 1926.1101, with which I am familiar, I have indicated by my initials, that I have performed the following:"

- 1. JMA Reviewed with this individual, his/her completed OSHA standardized Medical Questionnaire and Work History, directed towards the pulmonary, cardiovascular, and gastrointestinal system; and
- 2. JMA Reviewed the employer's description of this individual's duties as they relate to asbestos exposure, the anticipated exposure level, the personal protective and respiratory equipment to be utilized by the individual, and any additional medical information resulting from previous examinations; and
- 3. JMA Conducted a physical examination of this individual with emphasis on the pulmonary, cardiovascular, and gastrointestinal systems, including a pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV-1); and
- 4. JMA Determined that a chest roentgenogram was  was not  required as a part of this examination. (If required, the x-ray was taken and read in accordance with Appendix E of the Asbestos Standard); and
- 5. JMA Determined that this individual may  may not  use a respiratory device while performing his/her required employment services; and
- 6. JMA Informed this individual that I have  have not  detected a medical condition which would place this individual at an increased risk of material health impairment from exposure to asbestos; and
- 7. JMA Informed this individual of the results of my examination and of any medical condition that may result from this individual's exposure to asbestos; and
- 8. N/A Informed this individual of the health risks involved in smoking, of the synergistic relationship between cigarette smoking and asbestos exposure in producing lung cancer, and that cessation of smoking will reduce the risk of lung cancer.

Comments and/or Limitations (if any): Needs X-RAY yearly

JANAE ARNO, CNP  
(Physician's Printed Name)

Janae Arno, CNP  
(Physician's Signature)

\_\_\_\_\_  
(Physician's Phone No.)

\_\_\_\_\_  
(Physician's Address)

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