

New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373

Application for Asbestos Investigator

Appendix A

Medical Examination for Asbestos Investigators

Applicant Name: _____

Home Address: _____

City, State and Zip Code: _____

Telephone Number: (_____) _____ - _____

Date of Birth: _____

Social Security Number: _____ - _____ - _____

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV₁), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

is is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: _____

Print Name of Physician

Date of Examination

Signature of Physician

Address

State License Number

Telephone Number

Please do not include any other medical information with this form.