



# OHIO DEPARTMENT OF HEALTH

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John R. Kasich / Governor

Theodore E. Wymyslo, M.D. / Director of Health

## MEMORANDUM

To: All Licensed Lead Abatement Contractors  
All Approved Lead Training Program Providers

From: Mark Needham, Environmental Abatement Section, Supervisor *MNA*

Subject: Physician's Written Opinion - Recommended Form

Date: October 23, 2012

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The Ohio Department of Health (ODH) has created a "Recommended Lead Medical Examination Determination" form to include information currently required by the OSHA Lead Construction Standard, 29 CFR 1926.62 and titled it "Physician's Written Opinion - Recommended Form". Use of the enclosed form is not required by ODH but its use will satisfy the Ohio Administrative Code requirement that a licensed lead abatement contractor shall maintain a copy of their physician's written opinion on each project site as a part of their written pre-abatement plan.

This memo and form will be posted on the ODH Lead Poisoning Prevention - Abatement Program webpage under memorandums at [www.odh.ohio.gov](http://www.odh.ohio.gov).

Please call me at 614-466-1450 with any questions or concerns that you have regarding this form.

Physician's Written Opinion - Recommended Form

The following individual has been examined in accordance with the Occupational Safety and Health Administration (OSHA) Lead Construction Standard, 29 CFR 1926.62:

Name of Individual: \_\_\_\_\_

Birth Date of Individual: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Name of Examining Physician: \_\_\_\_\_

Name of Medical Facility: \_\_\_\_\_

Address of Medical Facility: \_\_\_\_\_

\_\_\_\_\_

Phone No. of Medical Facility: \_\_\_\_\_

In accordance with the requirements of Section (j) of the OSHA Lead Construction Standard, 29 CFR 1926.62, the examining physician will provide the employer with a written opinion which shall contain the following: (*the physician must check a box for each statement below*)

1. Based on the results of the medical examination, I have determined this individual  may  may not use a respirator while performing lead work. Recommended limitations for respirator use: \_\_\_\_\_  
\_\_\_\_\_
  
2. The results of my examination today  have  have not detected a medical condition which would place the employee at an increased risk of material impairment from exposure to lead.
  
3.  I have informed the above named individual of the results of the medical examination and any recommended special protective measures or limitations that dictate further medical examination or treatment: \_\_\_\_\_  
\_\_\_\_\_
  
4.  Results of the blood lead determinations (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Signature of Examining Physician: \_\_\_\_\_

Date: \_\_\_\_\_