Respirator Medical Clearance

Date	Name	☐ MALE ☐ FEMALE	SSN (Last 5)
Agency: Crafton Hills College	Location/Dept.: Anatomy & Physiology		Print Form
Birthdate	Age	Phone #	Best Time to Contact

I. Basis for recommendations for medical clearance

Recommendations below on medical clearance for respirator use are based on a review of (check all that apply):

- ☒ Mandatory OSHA Respirator Medical Evaluation Questionnaire
- ☐ Records of a medical examination, including physical exam Completed On
- ☐ Additional information supplied by employee or employee's personal physician.
- ☐ Pulmonary Function Test (PFT)
- ☐ MD review and/or physical exam

II. Recommendations on medical clearance for respirator use: *(Select Option A, B, or C)*

A. The employee ***is*** given medical clearance to use the following respirator(s) under the conditions noted:

- ☐ Light
- ☐ Moderate
- ☒ Heavy
- ☐ Escape Only (APR, PAPR, SCBA Only)
- ☒ Possible Aerosol Transmissible Disease (TB, Influenza, RSV)

Check type of respirator you will use (*Check all that apply*)

☐ N, R, or P Disposable Respirator (*Filter-Mask, Non-Cartridge type only*)	☐ Self-Contained Breathing Apparatus (SCBA) or Supplied Air (SA)
☒ Negative pressure Air Purifying Respirator (APR)	☐ Powered Air Purifying Respirator (PAPR)

This Respirator Clearance expires 1 2 3 4 5 years (circle one) from the date below
(Recommended expiration frequency: Age 35 every 5 yrs; 35-40 every 3 years; 40 years every 2 years)

or

Shorter intervals recommended by PLHCP

The employee reports signs and/or symptoms related to their ability to use an respirator (e.g., difficulty breathing, dizziness, chest pains, and/or wheezing).

The PLHCP, supervisor or the respiratory program administrator informs the employer that the employee needs to be re-evaluated

Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for reevaluation.

A change occurs in the workplace conditions (e.g. physical work effort, protective clothing, temperature) that may result in an increased physiological burden placed on the employee.

B. The employee ***is not*** given medical clearance respirator use because: *(choose one below)*

- ☐ Facial hair obstructs proper fit of respirator
- ☐ The following additional information is needed for review: *(specify what)*
  - ☐ A medical examination, including a physical exam, is needed to make a decision
  - ☐ The following information is needed for review:
    1. _____
    2. _____

C. The employee ***is not*** given medical clearance respirator use because: *(choose one below)*

- ☐ A ***temporary health problem*** to be reevaluated in: ____ Months
- ☐ A health problem that ***appears permanent*** - Routine reevaluation is not needed

Examiner/Review Name (Print) | Phone Number for Questions

Examiner/Review Signature | Date

Print Form