

Physician or Other Licensed Health Care Professional Approval Form

Employees need to be medically cleared to wear respirators before commencing use. All respirators generally place a burden on the employee. Negative pressure respirators restrict breathing, some respirators can cause claustrophobia and self-contained breathing apparatuses are heavy. Each of these conditions may adversely affect the health of some employees who wear respirators. A physician or other licensed health care professional operating within the scope of his/her practice needs to medically evaluate employees to determine under what conditions they can safely wear respirators.

Conservator must complete attached OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C to Sec. 1910.134 and provide to the Health Care Professional.

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1. Conservator's name: _____
 2. Address: _____
 3. City/State/Zip: _____
 4. Telephone: _____

To be completed by the Physician or Other Licensed Health Care Professional:

I have reviewed the Patient's completed form: OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C to Sec. 1910.134.

The above identified individual is approved to wear a respirator?

(yes)_____ (no)_____ (Any restrictions as to type of respirator?)_____

If yes, when does approval expire? (date for re-exam)_____

Physician or Other Licensed Health Care Professional:

1. Name: _____
2. Signature: _____
3. Date: _____

This completed and signed form must be provided by the conservator before fit-testing can be conducted.