Respirator Medical Clearance Approval Form (2016)

(Provided by the Health & Safety Committee of the American Institute for Conservation)

This form must be signed by your healthcare provider and returned to the fit test organizers before the test can be administered. It allows your physician or other licensed healthcare professional to indicate whether you are medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

Respirators place physical burdens on the wearer (breathing restrictions, weight of device) and respirators may not be medically advised due the person's medical condition (pregnancy, hypertension). A respirator may not offer full protection if you are hypersensitive to the chemicals used, so a physician may advise other methods such as local ventilation. Therefore, OSHA require that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker can safely wear a respirator. The medical evaluation is performed, at minimum, using the information provided on the OSHA medical questionnaire; based on responses, a follow-up medical examination may also be required if the physician determines it necessary.

To be completed after a medical evaluation that includes review of the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C of 29 CFR 1910.134.

To be completed by the Conservator:

Conservator's Name ______________________________

Address ______________________________

City/State/Postal Code ______________________________

Telephone ______________________________

Email ______________________________

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

I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire App C of 29 CFR 1910.134.

The above identified individual is approved, without restrictions, to wear (check all that apply):

- Half-mask, air purifying respirator Yes ❑ No ❑
- Full-face, air purifying respirator Yes ❑ No ❑
- Powered air purifying respirator Yes ❑ No ❑

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

Re-exam is required if ANY of the following conditions occur prior to this approval date:

- The healthcare provider or supervisor recommends it.
- You have a change in health status or report medical signs/symptoms that may impact your ability to wear a respirator.
- Work conditions result in additional physiological burden.

Physician or Other Licensed Health Care Professional:

Name ______________________________

Signature ______________________________

Date ______________________________

This completed and signed form must be provided by the conservator before the fit test organizers will conduct respirator fit testing.

More information on the AIC Health & Safety Committee's Respirator Fit Test Programs is available at www.conservation-us.org/fittest