



Medical Clearance for Respirator Use

A medical evaluation was performed to determine the employee’s ability to use a respirator in the workplace. This recommendation is based upon information relative to the specific type of respirator that will be worn, and the description of the work performed while using the respirator.

Employee Name: _____ Date: _____

MEDICAL CLEARANCE - (PHYSICIAN OR OTHER LICENSED HEALTHCARE PROFESSIONAL ACKNOWLEDGE BELOW)

May use a Respirator without Limitations: YES NO

May use a Respirator with the following Limitations (Explain):

May NOT use a Respirator (check the box if not cleared):

Follow-Up Evaluation Needed: YES NO

The Physician or Other Licensed Health Care Professional (PLHCP) may determine a follow-up medical evaluation is necessary from a positive response to the questions 1 -8 in Section 2, Part A of the Respirator Medical Evaluation Questionnaire. The PLHCP shall discuss the details with the employee as to what they deem is necessary for the follow-up medical evaluation.

Follow-up medical evaluation documentation deemed necessary by the PLHCP must be transmitted from the employee’s primary care physician or specialist to the PLHCP in accordance with HIPAA legislation. The documentation shall provide medical evidence that the stated medical condition(s) for referral will not impede the employee’s ability to use a respirator. If the follow-up medical evaluation determines that the employee cannot wear a respirator, it should also be stated in the documentation provided to the PLHCP.

Note: Do not reveal any specific medical findings or diagnoses on this form.

A copy of this Medical Clearance for Respirator Use form was provided to the employee.

SIGNATURES

Printed Name & Signature of Employee:	Date:
Printed Name & Signature of Examining Health Care Professional:	Date: