
RESPIRATOR MEDICAL RECOMMENDATION

Date: _____ Company: _____

Name: _____ Job Title: _____

Based on review of the OSHA Respirator Health Questionnaire this individual is:
_____ Medically approved for all respirator(s) with the exception of SCBA and full facepiece respirator, and subject to fit test.

Based on review of the OSHA Respirator Health Questionnaire, interview, physical examination and further evaluation as appropriate, this individual is:

- _____ Medically approved for respirator(s) with the exception of SCBA and full facepiece respirator, and subject to fit test.
- _____ Medically approved for all respirator(s) including SCBA and full facepiece respirator, and subject to fit test.
- _____ Medically approved for only the following types subject to satisfactory fit test:
 - _____ Dust mask
 - _____ Negative Pressure
 - _____ Powered air purifying respirator
 - _____ Supplied air
 - _____ Self-contained breathing apparatus (SCBA)
- _____ Employee may decline respirator-requiring assignments for temporary health related difficulties.
- _____ Respirator assignment must not be for IDLH (Immediate Danger to Life or Health) environments.
- _____ Employee should not be expected to perform rescue duty or serve as a member on a rescue team.
- _____ Require further medical information/evaluation prior to qualifying for respirator use.
- _____ No respirator usage.
- _____ Other recommendations and suggested accommodations:

Recommended time period for next exam:
___ annual ___ 2 years ___ 3 years ___ other

Employee has been provided with a copy of this written recommendation.

Licensed Healthcare Provider Signature

Date