Occupational Health
of Pottstown Memorial Medical Center

REQUEST FOR MEDICAL CLEARANCE FOR RESPIRATOR USE

Name:_____ Social Security #: _____

Date of Birth: _____ Supervisor: _____

Employer: _____ Dept: _____

Circle Type(s) of NIOSH certified Respirator(s) to be used:

Atmosphere-supplying respirator
Open-circuit SCBA
Supplied-air respirator
Air-purifying
Continuous-flow respirator
Closed circuit SCBA
Air-purifying (powered)

Level of Work Effort (circle one):
Light Moderate Heavy Strenuous

Respirator Use is circle one): Voluntary / OSHA mandated

Extent of Usage (circle one):
Daily Basis
Occasionally-but more than once per week
Rarely-or for emergency situations only

Special Work Considerations (circle one):
HazMat Team
Working in High Places
Extreme Temperature, ie. cold or hot
Hazardous Materials
Protective Clothing, ie. boots, gloves, protective suit, safety glasses, face shield, other: _____

Length of time of Anticipated Effort
Approximate Hours: _____

As your occupational health medical provider we need to insure that your respiratory protection program is complete per OSHA guidelines before a respiratory clearance will be given.

As safety representative I certify that:

- My company has a written OSHA respiratory protection program and the program is supervised by an individual knowledgeable of OSHA's Respiratory Protection Regulations
- Employees wear NIOSH certified respirators
- Employees are trained before wearing the respirator and annually thereafter per OSHA's regulations for respirator training
- Respirators are inspected, cleaned/disinfected, and stored per OSHA regulations
- Employees are fit tested after they are medically cleared to wear a respirator and on an annual basis thereafter per OSHA's fit testing regulations (fit testing is not required for "voluntary" respirator use, If OSHA requires a respirator they must be fit tested annually)
- Employees will be medically evaluated on an annual basis (respirator clearance) by a medical provider due to the health risks associated with respirator use when employees health is compromised (Risk factors can change year to year)
- This document will be kept on file by my company per OSHA's recordkeeping regulations

_____ _____
Safety Representative Date

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