

APPENDIX H Medical Evaluation for Respiratory Protection Equipment Use

Employee Name:	Department:								
Job Title:	Date respiratory protection medical evaluation questionnaire (Appendix F) was completed:								
Describe the work environment in which the respiratory protection equipment will be used:									
<p>Check the type(s) of respiratory protection the employee is approved to use:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Filtering face piece respirator</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Tight-fitting PAPR</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Half-face APR</td> <td style="padding: 5px;"><input type="checkbox"/> Supplied-air (compressed air)</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Full-face APR</td> <td style="padding: 5px;"><input type="checkbox"/> Supplied-air (compressor)</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Loose-fitting PAPR</td> <td style="padding: 5px;"><input type="checkbox"/> SCBA</td> </tr> </table>		<input type="checkbox"/> Filtering face piece respirator	<input type="checkbox"/> Tight-fitting PAPR	<input type="checkbox"/> Half-face APR	<input type="checkbox"/> Supplied-air (compressed air)	<input type="checkbox"/> Full-face APR	<input type="checkbox"/> Supplied-air (compressor)	<input type="checkbox"/> Loose-fitting PAPR	<input type="checkbox"/> SCBA
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List applicable limitations (if any):									
Describe follow-up medical evaluation (if needed):									
Next medical evaluation date:									
Name/title of physician or other licensed health care provider (PLHCP) completing this medical evaluation:									
Signature/Title of PLHCP completing this medical evaluation:									
Date:									
<p>Note: Medical evaluations (including PFTs) will be completed initially. At least annually thereafter, a review of the OSHA Respiratory Protection Medical Evaluation Questionnaire (Appendix F) will be completed and documented (Appendix G). Additionally, the Medical Evaluation for Respiratory Protection Equipment Use Form (Appendix H) will be completed and returned to the Program Administrator.</p> <p>This form will be maintained by the Program Administrator with fit testing and training records.</p>									