



# UNIVERSITY OF WYOMING

## APPENDIX G

### Respiratory Protection Medical Status Update Form

1. Since your most recent medical evaluation for respiratory protection equipment use, has your health changed in a manner that may interfere with your ability to utilize a previously fit-tested respirator?  Yes  No
2. Have you been notified by a physician or other licensed health care professional, your supervisor, or the UW Respiratory Protection Program Administrator that you should be medically reevaluated?  Yes  No
3. Has there been a change in workplace conditions, for example, physical work effort, protective clothing, or temperature that has resulted in a substantial increase in the physical burden on you?  Yes  No

If you answered "Yes" to any of the above questions, a medical reevaluation with a physician or other licensed health care professional (PLHCP) will be required.

If you answered "No" to the above questions, a medical reevaluation is not required and you can be fit tested again to the respirator for which you were previously fit tested.

**Submit this form to the Physician or Other Licensed Health Care Professional (PLHCP) for review.**

**Print Name:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_