

Respiratory protection medical evaluation record

Supervisor or program administrator – complete Part A

Examining health professional – complete Part B (See guidance on reverse side)

Part A

Employee data

Facility name and location _____

Employee name _____ SSN _____

Date of birth _____ Department _____

Job/task data

1 Type and weight of respirator(s) to be used

	Weight		Weight
<input type="radio"/> Air purifying (non-powered)	_____	<input type="radio"/> Air purifying (powered)	_____
<input type="radio"/> Air purifying (disposable)	_____	<input type="radio"/> Air line-continuous flow	_____
<input type="radio"/> Air line-demand/pressure demand	_____	<input type="radio"/> Air line with SCBA	_____
<input type="radio"/> Open circuit SCBA	_____	<input type="radio"/> Closed circuit SCBA	_____

2 Extent of usage Daily Occasionally (more than once/week) Rarely or for emergencies/escape only

3 Level of work Light Moderate Heavy Strenuous

4 Other job/task factors

Additional protective clothing/equipment worn _____

Temperature or humidity extremes _____

5 Work activities and hazard(s) for which respirators are being worn (i.e., chemical gases or vapors)

Supervisor/program administrator

Date

Part B

Medical recommendation

- No limitations on respirator use
 Respirator use permitted with limitations (see below)
 No respirator use permitted

Follow-up exam required

Yes No

Limitations _____

Examiner

Date

Guidance to supervisor/program administrator

Part A

The respiratory protection medical evaluation record is used to document the information sent to a healthcare provider for an initial medical evaluation recommended in ANSI Z88.2 and required in OSHA regulation 29 CFR 1910.134. Part A is completed by the supervisor or the program administrator for the respiratory protection program and provided to the healthcare provider making the medical evaluation. Part B is completed by the healthcare provider to document the provider's recommendation.

- a. **Employee data** – Enter the facility name and location, employee name, social security number, date of birth and department name.
- b. **Job/task data** –
 1. Mark with a (✓) the type of respirator(s) the employee will use and enter the weight(s) applicable to each respirator checked.
 2. Indicate the appropriate extent of usage.
 3. Indicate the level of work effort.
 4. List any additional protective clothing or equipment the employee will wear and describe any high temperature or humidity conditions of the job.
 5. Briefly describe the employee's work activities and the respiratory hazards that are making respirator use required.

Sign and date the record and provide to the examining healthcare provider, along with the medical questionnaire, if available.

Guidance to examining physician

Part B

The Occupational Safety and Health Administration Standard (29 CFR 1910.134) for respiratory protection requires a physician to determine the ability of an individual to wear a respirator. You may wish to consider evidence of the following in your examination:

1. Emphysema
2. Chronic obstructive pulmonary disease
3. Bronchial asthma
4. X-ray evidence of pneumoconiosis
5. Evidence of reduced pulmonary function
6. Coronary artery disease or cerebral blood vessel disease
7. Severe or progressive hypertension
8. Epilepsy, grand mal or petit mal
9. Anemia, pernicious
10. Diabetes, insipidus or mellitus
11. Punctured eardrum
12. Pneumomediastinum gap
13. Communication of sinus through upper jaw to oral cavity
14. Breathing difficulty when wearing a respirator
15. Claustrophobia or anxiety when wearing a respirator

To assist you in making these determinations, the OSHA standard includes a medical questionnaire in Appendix C, which is used to obtain pertinent medical information from the employee.