

Request for Medical Clearance for Respirator Use

SECTION-A: Request for Medical Clearance for Respirator Use Questionnaire
(The following areas should be considered in the medical evaluation and the Medical/industrial hygiene interface documented appropriately)

Supervisor/Manager Department
Employee Date of Birth Employee #

Circle Type or Types of Respirator to be used: (Indicate weight(s) of respirator(s))

Table with 4 columns: Respirator Type, Weight, Respirator Type, Weight. Rows include Open-circuit SCBA, Pressure demand supplied, Air respirator, Air-purifying (non powered), Supplied air continuous-flow respirator, Closed-circuit SCBA, Combination air-line and SCBA, Air-purifying (powered) (PAPR).

Expected level of physical work effort (63CFR 1284) (Circle and describe all that apply):

- Light: sitting while writing, typing, drafting, assembly work (<3 mets)
Moderate: sitting while nailing or filing, driving a truck or bus in urban traffic, walking on a level surface @2mph (slowly) (<5 mets)
Heavy: lifting 50 lbs. from floor to waist or shoulder, loading dock, shoveling, climbing stairs with 50 lbs. (>5 mets)

Extent of Usage:

- 1. On a daily basis
2. Occasionally – but more than once a week
3. Rarely – or for emergency situations
4. Maximum Number of Hours of use Per Day (estimate): _____

Special Work Considerations (circle and describe all that apply)

- Protective clothing
Vapor Barrier clothing
Temperature and humidity
Personal Protective Equipment
Responsibility for health and safety of others, of Public (Security, Rescue, HazMat, Fire Brigade, Nuclear)
Dangerous Work Environment (High Voltage, high places, machinery)
Hazardous material
Hazardous atmosphere (IDLH)
Confined Space
Communication essential
Normal vision essential

Description of usual job functions, title, tasks, work activities:

SECTION-B: Supervisor/Manager's Copy of PLHCP's Written Recommendation
Detach or place on separate form or transmit electronically

PLHCP Determination: Circle a Class

- Class 1: No restriction on respirator use.
Class 2: Conditional Use: Some specific use restrictions or medical requirements (e.g., moderate/light work Only, PAPR only, no SCBA use, annual medical evaluation, age-specific medical evaluation).
Class 3: No respirator use permitted (permanent).
Class 4: No respirator use permitted (temporary) – you require additional medical evaluation and/or Treatment and physician evaluation (see above).
Class 5: Additional temporary/permanent (non-respirator) restrictions – (e.g., no heavy lifting, no climbing, No heat stress).

Restrictions/Additional Medical Requirements:

Date of next medical re-evaluation _____ PLHCP Signature _____