



Medical Evaluation of Fitness for Respirator Use

To be completed by the **Field Station**:

Employee Name: _____

Duty Station: _____

Supervisor/Point of Contact: _____ Phone: _____

Medical Questionnaire Completed? YES/NO

To be completed by the **Physician**:

I have, according to Federal Standard 29 CFR 1910.134, physically examined and/or reviewed the pertinent medical data of _____ and determined the employee:

- Can wear a NIOSH approved ___ negative or ___ positive pressure respirator without producing cardiopulmonary stress dangerous to his/her health.
- Can wear a NIOSH approved ___ negative or ___ positive pressure respirator subject to the following limitations: _____

- Cannot wear a NIOSH approved negative or positive pressure respirator without producing cardiopulmonary stress dangerous to his/her health.
- Based on review of the medical questionnaire, further medical evaluations are necessary.

Notes: _____

Provide a copy of this form to the employee or supervisor listed above.

Date

Signature, Examining Physician

Print Physician's Name and Address

