

On-Site Health & Safety

520 6th Street, Rodeo, CA 94572

Phone (866) 998-2750

RESPIRATOR USE CLEARANCE

COMPANY NAME:	DATE:
EMPLOYEE NAME:	SSN (LAST 4):

RESPIRATORY CLEARANCE:

A PFT of Forced Vital Capacity (FVC) and Forced Expiratory Volume at 1 Second (FEV1) in accordance with NIOSH and ATS standards was performed.

<input type="checkbox"/> No medical restrictions on respirator use	<input type="checkbox"/> Specific medical restrictions (see below)	<input type="checkbox"/> No respirator use permitted
RESTRICTIONS:		

Medical Reviewing Officer Signature: _____ Date: _____

RESPIRATOR FIT TEST:

No Fit Test due to: Facial Hair Does Not Meet PFT criteria

1/2 Face	Full Face	Make:	Model:	Size:	Qual	Quant	Pass	Fail	Overall Fit Factor

I have been advised and understand that facial hair that interferes with the seal of the respirator is prohibited while wearing a respirator. I was fit tested to the above respirator(s) without the interference of facial hair.

- Advised employee to see PMD for BP
- Pulmonary Function Test Completed
- Respirator Training Completed
- Employee has been informed of increased risk of Lung Cancer attributed to the combined effect of smoking and potential Exposure.

Comments: _____

Employee Signature: _____ Date: _____

Technician Signature: _____ Date: _____

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RESPIRATOR USE CLEARANCE

COMPANY NAME:		DATE:
EMPLOYEE NAME:		SSN (LAST 4):
DATE OF BIRTH:	SMOKER: <input type="checkbox"/> YES <input type="checkbox"/> NO	MALE: <input type="checkbox"/> FEMALE: <input type="checkbox"/>
AGE:	HEIGHT:	WEIGHT:

PAST MEDICAL HISTORY

MEDICAL HISTORY: <input type="checkbox"/> DENIES <input type="checkbox"/> YES, PLEASE DESCRIBE		
ALLERGIES: <input type="checkbox"/> NKDA <input type="checkbox"/> YES		
MEDICATIONS: <input type="checkbox"/> DENIES <input type="checkbox"/> YES, PLEASE DESCRIBE		
B/P (RAS) TRIAL 1:	TRIAL 2:	TRIAL 3:
P:	R:	
NOTES:		

Technician Comments: _____

Technician Name: _____

Technician Signature: _____