



# RESPIRATOR MEDICAL CLEARANCE CERTIFICATION



This examination has been performed in accordance with OSHA Respiratory Protection Regulation 29 CFR 1910.134 (b)(10).

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MRN #: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Medically approved for all respirator(s) with the **exception** of SCBA (subject to fit test).

Medically approved for all respirator(s) **including** SCBA (subject to satisfactory fit test).

Medically approved for the following types (subject to satisfactory fit test):

- N-95 or N-100
- Negative pressure cartridge
- Powered air purifying respirator
- Supplied air line

Employee may decline respirator-requiring assignments for temporary health related difficulties.

Respirator assignment is approved only for escape purposes.

Respirator assignment must not be for **IDLH** (Immediate Danger to Life or Health) environments.

Employees should not be expected to perform rescue duty or serve as a member of a rescue team.

Require further medical information/evaluation prior to qualifying for respirator use.

Other recommendations and suggested accommodations: \_\_\_\_\_

Employee has been provided with a copy of this written recommendation.

- Yes
- No
- Undetermined

\_\_\_\_\_  
Physician/Practitioner Signature

\_\_\_\_\_  
Date

**The original copy of this report as well as possible supporting laboratory and x-ray films are maintained and available at Carle.**

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