



## RESPIRATOR MEDICAL SUMMARY

Name \_\_\_\_\_ Date \_\_\_\_\_

Skill Check ID# \_\_\_\_\_ Birth Date \_\_\_\_\_

Local Union: \_\_\_\_\_ Employer \_\_\_\_\_

*The above named individual was evaluated in compliance with the medical evaluation provisions of the Respiratory Protection Standard of the Occupational Health and Safety Administration 29CFR1910.134 (e) on this date and found to be:*

- Class 1 – Eligible with No Restrictions (Can Fit Test for Full Face or Half Mask)
- Class 2 – Eligible PAPR Only
- Class 3 – Ineligible (Not able to be fit tested)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant has received the Silica Hazard Awareness Pamphlet and has had the opportunity to review with their physician.

The above opinions have been expressed within a reasonable degree of medical certainty based upon the following information:

- OSHA Respirator Questionnaire (29CFR1910.134 App. C) Review  History and Physical Examination
- Spirometry  Medical Record Review  Specialist Evaluation  Other \_\_\_\_\_

A copy of the form has been provided to the employee

*Please Note: This is not a medical clearance to commence job activities.*

Signature \_\_\_\_\_

Date \_\_\_\_\_