

MEDICAL CLEARANCE REQUEST

FOR OFFICIAL USE ONLY (when filled in)

From: _____ Division Officer

To: Medical Department Representative

Subj: REQUEST FOR MEDICAL CLEARANCE FOR RESPIRATOR USE

1. The following individual is referred to you for subject clearance:

Name _____ SSN _____ - _____ - _____

Supervisor _____ Date of Birth _____

Circle type(s) of respirator(s) to be used:

- | | |
|-----------------------------|--------------------------------------|
| Air-purifying (non-powered) | Air-purifying (powered) |
| Hose mask (with blower) | Hose mask (without blower) |
| Air-line (demand) | Air-line (pressure-demand) |
| Air-line (continuous flow) | SCBA (closed circuit) |
| SCBA (open-circuit, demand) | SCBA (open-circuit, pressure-demand) |

Level of Work Effort (Circle one): Light Moderate Heavy Strenuous

Extent of usage (Circle one):

Daily Occasionally but more than once a week Rarely or emergency only

Length of time of anticipated effort (hours per day) _____

Special work considerations (e.g., high places, elevated temperatures, hazardous material, protective clothing required, etc.)

Division Officer Signature and Date

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From: Medical Department Representative
To: _____ Division Officer

_____ is: (Circle one)

Medically qualified to use the above respirator with no restrictions.

Medically qualified to use the above respirator subject to the restrictions specified below.

Not medically qualified to use the above respirator.

Restrictions _____

MDR Signature and Date

Copy to:
Respiratory Protection Officer