



Health & Safety Network Respirator Medical Clearance Approval Form (2022)

This form must be signed by your healthcare provider and returned to the fit test organizers before the test can be administered. It allows your physician or other licensed healthcare professional to indicate whether you are medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

Respirators place physical burdens on the wearer (breathing restrictions, weight of device) and respirators may not be medically advised due to the person's medical condition (pregnancy, hypertension). A respirator may not offer full protection if you are hypersensitive to the chemicals used, so a physician may advise other methods such as local ventilation. Therefore, OSHA requires that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker can safely wear a respirator. The medical evaluation is performed, at minimum, using the information provided on the OSHA medical questionnaire; based on responses, a follow-up medical examination may also be required if the physician determines it necessary.

To be completed after a medical evaluation that includes review of the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C of 29 CFR 1910.134.

To be completed by the Conservator:

Conservator's Name _____
Address _____
City/State//Postal Code _____
Telephone _____
Email _____

To be completed by the Physician or Other Licensed Health Care Professional:

I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire App C of 29 CFR 1910.134.

The above identified individual is approved, without restrictions, to wear (check all that apply):

- Half-mask, air purifying respirator Yes No
- Full-face, air purifying respirator Yes No
- Powered air purifying respirator Yes No

If yes, when does approval expire? (date for re-exam) _____

Re-exam is required if ANY of the following conditions occur prior to this approval date:

- The healthcare provider or supervisor recommends it.
- You have a change in health status or report medical signs/symptoms that may impact your ability to wear a respirator.
- Work conditions result in additional physiological burden.

Physician or Other Licensed Health Care Professional:

Name _____

Signature _____

Date _____

This completed and signed form must be provided by the conservator before the fit test organizers will conduct respirator fit testing.