VERIFICATION/CONSENT STATEMENT
Regarding
OSHA Respirator Medical Evaluation Questionnaire

I verify that the information I provided in this medical history is true and complete to the best of my knowledge. I understand that this evaluation is designed to satisfy regulatory requirements and should not be considered to be a routine medical examination. Further, I agree to "self-report" to my supervisor changes in my medical condition that might affect my ability to work safely in a respirator.

_____	_____	_____
Full Name (printed)	Signature	Date