OSHA Respirator Medical Evaluation Questionnaire Review and
N95 RESPIRATOR CLEARANCE VERIFICATION FORM

STRATFORD HEALTH DEPARTMENT 2009

Employee Name:_____
Last First MI

EMPLOYEE NO.:_____

I have reviewed the OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE (CFR 1910.134 Appendix C) submitted by the above employee:

( ) The above named individual is medically cleared to work with an N95 respirator.

( ) The above named individual is NOT medically cleared to work with an N95 respirator, pending further medical evaluation.

( ) The above named individual is NOT medically cleared to work with an N95 respirator, but may work in other activities NOT requiring respiratory protection pending further medical evaluation.

Physician or Licensed Health Care Provider signature:

_____Print Name:_____

Date:_____

Facility:_____
Address: _____

_____

( ) The above individual has been given a copy of this verification form