Business Health Services
at Legacy Woodburn Health Center
1475 Mt. Hood Avenue, Suite 130
Woodburn, Oregon 97071
971.983.5340   legacyhealth.org/bhs

LEGACY HEALTH

REPORT DATE:	USE EXPIRATION DATE:

RECORD AND REPORT OF MEDICAL EVALUATION
EMPLOYEE RESPIRATORY PROTECTION PROGRAM

Under federal Occupational Health regulations (OR-OSHA 1910.134 - available at www.OSHA.gov), an employee assigned to job duties that require the use of special respiratory Personal Protective Equipment is evaluated by a health care provider prior to being fit tested and beginning these job duties to determine that he/she is "medically able to use a respirator". This evaluation is based on considerations of the job duties and the types of respiratory equipment required as well as one or more of the following: a mandatory questionnaire, a medical and work history, spirometry (pulmonary function test), a medical examination or other tests and procedures.

THIS PAGE TO BE FILLED OUT BY EMPLOYER. PRINT CLEARLY IN INK, THIS BECOMES A PERMANENT RECORD.

EMPLOYEE NAME:	SEX ☐ M ☐ F	DOB	EMPLOYEE PHONE
JOB DUTIES:		COMPANY:	

Types and weights of respirators:
Duration and frequency of use:
Expected physical work effort:
Additional protective clothing to be worn:
Temperature and/or humidity extremes:
Is respirator use mandatory or voluntary: ☐ mandatory   ☐ voluntary

RESPIRATOR FIT TEST RESULTS -- DO NOT FILL OUT ITEMS BELOW

Based upon a review of the information developed through the evaluation process and taking into account the anticipated demands of the tasks and equipment involved in this job assignment it is my finding that:

☐ This individual has no apparent history or medical condition that would indicate that this individual is not in adequate health to be MEDICALLY ABLE to properly use the appropriate respiratory P.P.E.

☐ This individual has a history or medical condition that warrants special consideration or adaptation prior to assignment to this job and the required respiratory P.P.E. (SEE BELOW)

☐ This individual has a history or medical condition that warrants further investigation or evaluation before it can be determined that the individual is "medically able" to use the assigned respiratory protective equipment. (NOTED FOR EMPLOYEE IN SPACE BELOW.)

☐ It is medically inadvisable that this employee be assigned to these tasks at this time.

RECOMMENDATIONS AND LIMITATIONS (employee and/or workplace):

_____   _____   _____
PROVIDER'S SIGNATURE   NAME AND DEGREE   DATE