Respirator Users Approval Document

On __/__/____, I do hereby attest that upon reviewing medical questionnaire and based on my best medical judgment, ____________________________ is (initial all that apply):

(name)

________ Approved to wear the following respirators:

________ Filtering Face Piece (N-95 dust mask)

________ Escape Only Respirator

________ Half Mask Respirator

________ Full Mask Respirator

________ SCBA

________ Required to come for a medical evaluation before respirator clearance can be given.

________ Are approved with the following conditions _____________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

________ Not approved for respirator use

_________________________________________  ______________________________
Signature of PLHCP  Date

Fax to Chemical Safety at 713-500-5841