

**University of North Carolina at Chapel Hill
Medical Evaluation for Respirator Use**

This section has been reviewed and updated as needed: July 2010

Date:

Employee Information			
Name:		PID#:	Date of Birth:
Age:	Sex:	Supervisor:	
Dept:		Work Unit:	Job Title:
Type of work performed:			
Substance(s) necessitating respirator use:			
Type(s) of respirator(s) used (complete for each type to be used name/model)			
Filtering Facepiece (particulates, disposables, single-use, "dustmask"):		Full Face Filter:	
		Chemical Cartridge:	
		Gas Mask Canister:	
Half Mask Filter:		PAPR Hood Filter Cartridge:	
Chemical Cartridge:		1/2 Mask Filter Cartridge:	
		Full Face:	
Atmosphere-Supplying			
Airline Hood		SCBA Open Circuit:	
Tight Fitting		SCBA Closed Circuit:	
Respirator facepiece type (check): <input type="checkbox"/> Full <input type="checkbox"/> 1/2 <input type="checkbox"/>			
Level of work effort while wearing respirator: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy			
Extent of use: <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> less than once a week <input type="checkbox"/> rarely or emergency only			
Estimated length of respirator use per session:			
Average: Minutes		Hours	
Maximum: Minutes		Hours	
Special work considerations			
<input type="checkbox"/> Special need for visual or auditory acuity		<input type="checkbox"/> High Temperature/Humidity	
<input type="checkbox"/> High Places		<input type="checkbox"/> Additional protective equipment/clothing (estimate weight _____)	
<input type="checkbox"/> Confined Space		<input type="checkbox"/> Possibility of emergency/rescue use	
<input type="checkbox"/> Exposure to highly toxic materials, IDLH		<input type="checkbox"/> Other	
Has employee received training in use and limitations of respirator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employee data provided by:			Date:
Medical Assessment for Respirator Use Under Work Conditions Described Above			
<input type="checkbox"/> No Restrictions <input type="checkbox"/> Specific Restrictions (see below) <input type="checkbox"/> No Use Permitted			
Comments/Restrictions:			
Medical Evaluation by:			Date:
Supervising Physician:			Date: