

[REDACTED]				
<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>



Part A Section 2 (Continue)	Yes	No
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k. Any chest injuries or surgeries



Part A Section 2 (Continue)	Yes	No
b. Heart trouble		
c. Blood pressure		
d. Seizures (fits)		
a. Eye Irritation		
b. Skin allergies or rashes		
c. Anxiety		
d. General weakness or fatigue		
e. Any other problem that interferes with your use respirator		

7KH E HORZ VUFWKLR Q HLYL HRZ LQJ 1XUVH DQG WKH 3K\VLFLDQ RU RWK
3/+ & 3

INSTRUCTIONS: A Registered Nurse will review Questions 19 in Part A, Section 2. If an employee marks NO to all 9 questions, the Reviewing Nurse will mark the box indicating “No restrictions on respirator use” If an employee marks yes to any of the first 9 questions, the Reviewing Nurse will forward to a PLHCP review by marking the box indicating “Follow-up medical evaluation needed.”

CLEARANCE (CHECK ONE)

No restrictions on respirator use	%o	Follow-up medical evaluation needed	%o
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Reviewing Nurse: _____ (Signature)

The reviewing PLHCP will determine the employee’s ability to wear a respirator. The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination.

FOLLOW UP MEDICAL EVALUATION (CHECK ONE)

Respirator use not Permitted	%o	Respirator use with restrictions	%o
No restrictions on respirator use	%o		

Noted Restrictions:

Examining PLHCP: _____ (Signature)



Respiratory Fit Test Record

Name	Date of Birth	Rocket ID#
Department	Job Title	Daytime Phone #