

Employer-Provided Information for Medical Evaluations

This form may be used by the employer to give to your medical provider, information on respirator use by your employees, but it is not a required form. You can also consult directly with your medical provider and discuss the information below.

You must also give the medical provider a copy of your written respiratory program and copy of the Respirators Rule

Specific Respirator Use Information

Employee Name: _____

Company name: _____

Employee job title: _____

Company Address: _____

Company contact person and phone

#: _____

1. Will the employee be wearing protective clothing and/or equipment (other than the respirator) when using the respirator?

Yes/No _____ If "Yes," describe protective clothing and/or equipment:

2. Will employee be working under hot conditions (temperature exceeding 77°F)?

Yes/No _____ If "Yes", describe nature of work and duration:

3. Will employee be working under humid conditions? Yes / No _____

4. Describe any special or hazardous conditions the employee could encounter when using the respirator (for example, confined spaces, life-threatening gases).

