

## Medical Determination

### Evaluation of OSHA Respirator Questionnaire – N95 Respirator Use

Employee Name	
Department	
I.D. Number	

**A.)** As the PLHCP, I have reviewed the OSHA Respirator Medical Evaluation Questionnaire submitted by the above employee and have determined the following (check just one):

( ) The above-named individual is medically cleared to work with an N95 respirator.

( ) The above-named individual is medically cleared to work with an N95 respirator with the follow restrictions: \_\_\_\_\_

( ) The above-named individual is **NOT** medically cleared to work with an N95 respirator.

**B.)** Regarding the need for a follow-up medical evaluation, I have determined the following (check just one):

( ) **NO** follow up exam is required at this time, but at any time the above-named individual may request a medical evaluation by contacting their Corporate Respiratory Protection Program Administrator or Supervisor.

( ) **YES**, a follow-up medical evaluation must be performed before the above named individual is medically cleared to work with an N95 respirator.

**C.)** By my signature below as the PLCHP, I agree that I have provided the above-named individual with a copy of this written recommendation. The above-named individual has been instructed and acknowledges that the PLCHP who reviews the OSHA questionnaire has not agreed to establish a doctor-patient relationship.

PLHCP Name (Print): \_\_\_\_\_

PLHCP Signature: \_\_\_\_\_

Date: \_\_\_\_\_