Annual Respirator Medical Questionnaire Declaration

Employee Name	
Department	
I.D. Number	

This form should only be completed for employees who previously completed an ***OSHA Respirator Medical Evaluation Questionnaire*** and were cleared to wear a respirator (N95) through issuance of a *Medical Determination* form provided by a Physician or Licensed Health Care Professional (PLHCP).

Prior to conducting annual Fit Testing, employees must declare if there are no changes to the questions answered on their original ***OSHA Respirator Medical Evaluation Questionnaire***. If the information has not changed and you do not wish to be evaluated by a PLCHP, please indicate below and proceed to Fit Testing.

If you wish to complete a new ***OSHA Respirator Medical Evaluation Questionnaire*** and have it reviewed by a PLHCP, please indicate below and do NOT proceed to Fit Testing until you have received a *Medical Determination* form provided by the PLHCP.

Per OSHA regulations, additional medical evaluations and a new ***OSHA Respirator Medical Evaluation Questionnaire*** must be completed if:

- An employee reports medical signs or symptoms that are related to their ability to use a respirator
- A PLHCP, supervisor, or the respirator program administrator informs the employer that an employee needs to be reevaluated
- Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation
- A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee

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Please make your selection with an "X".

[ ] I do not wish to make any changes to my Medical Evaluation Questionnaire on file

[ ] I want to complete a new Medical Evaluation Questionnaire for the PLHCP to review

Employee Signature: _____

Date: _____