MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date.

REQUIRING DOCUMENT *(Title and Number) NHCCHASNINST 5100.1Q*	ISSUANCE DATE 20130823
LOCAL FORM TITLE *(Optional) Medical Clearance for Respirator use Questionnaire*	

MEDICAL CLEARANCE FOR RESPIRATOR USE QUESTIONNAIRE

EMPLOYEE _____ POSITION _____

SUPERVISOR _____ PHONE _____ CODE _____ DEPARTMENT _____

CIRCLE TYPE OF RESPIRATOR TO BE USED:

Air-Supplied (tight fitting)
Air-Supplied (hooded)
Open-Circuit SCBA
Closed-Circuit SCBA

Air-Purifying (powered tight fitting)
Air-Purifying (powered/hooded)
Combination Airline/SCBA
Air-Purifying (non-powered)
Specify: filtering facepiece or elastomeric
N P R 95 99 100
Type chemical cartridge: _____

WORK EFFORT: (circle one) Light Moderate Heavy Strenuous

EXTENT OF USAGE: (circle one)
1. On a daily basis
2. Occasionally - but more than once a week
3. Rarely - or for emergency situations only

LENGTH OF AVERAGE WORKDAY IN A RESPIRATOR: _____

SPECIAL WORK CONDITIONS: (i.e., high places, temperature/humidity extremes, hazardous materials, other protective clothing worn, climbing, etc.)
_____
_____
_____

MEDICAL WRITTEN EVALUATION

1. No restrictions
2. Respirator use with some restrictions
3. No respirator use
4. Alternate respirator recommended

Comments/Restrictions: _____
_____
_____

Routine Follow-up Medical Evaluation Required: 5yrs (under 35) 2yrs (35-45) 1yr (over 45)

Or due to medical findings, return: _____

Employee has been given a copy of this recommendation: Y N

Healthcare Professional's Signature: _____ Date: _____

Forward to SOH Manager when complete

This information is protected by the Privacy Act of 1974 (PL-93-579) and
the Health Insurance Portability and Accountability Act (PL 104-191)

PRACTITIONER'S/NURSE'S NAME	PRACTITIONER'S/NURSE'S SIGNATURE	DATE
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*	HOSPITAL OR MEDICAL FACILITY	STATUS
	DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
	SPONSOR'S NAME	SSN
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