THE CHURCH OF
JESUS CHRIST
OF LATTER-DAY SAINTS

Respirator Medical Determination

The employee should use this form to give the examining physician information about the type of respirator to be used and the nature of the respiratory hazards. The physician will provide an opinion on this form regarding the employee's ability to perform a job while using respiratory protection. The employer should keep this completed form on file.

Employee Information

Employee's name			Work phone
Job title	Supervisor's name		
Work address	City	State or province	Postal code

Previous Respirator Use

Have you ever worn a respirator before? ☐ Yes ☐ No

If YES, describe the type of respirator, its condition, and any apparent difficulties using it.

Respirator Information

Respirator type

☐ Gas or vapor ☐ Dust or mist mask ☐ Canister or cartridge ☐ Air-supplied ☐ Self-contained breathing apparatus ☐ Other

Weight of respirator

Frequency of respirator use	Duration of each use	Work level when using respirator
☐ Daily ☐ Special circumstances only ☐ Occasionally		☐ Light ☐ Moderate ☐ Heavy

Potential respiratory hazards (please list)

Additional protective clothing and equipment to be worn

Possible temperature and humidity extremes

Employee Signature

Employee's signature	Date

Medical Examination Results (Physician use only)

Approval to use respirator

☐ Yes ☐ No

Comments

Physician Signature

Physician's signature	Date