



CERTIFICATION FOR MEDICAL CLEARANCE FOR RESPIRATOR USE

In compliance with OSHA Respirator Protection Standards 1910:(b) (10), I have evaluated:

Name: _____ on Date: _____
and have determined that he/she is:

- A. Medically qualified to wear a respirator.
- B. Medically qualified to wear a respirator with the following restrictions or conditions:

- C. Medical clearance for respirator use is pending until further medical testing is completed.

- D. Is not medically qualified to wear a respirator.

Provider Signature

Date