

Appendix D

California State University, Long Beach

Occupational Health Program

Respirator Evaluation Results for release to the University

(To be filled out by the PLHCP after reviewing the questionnaire)

- EXAM / Evaluation:**
- Initial Respirator Evaluation
 - Routine Periodic Respirator Evaluation
 - Exit Respirator Evaluation

Employee Classification _____ Evaluation Date _____

Employee _____ Employee ID No. _____

The following recommendation is based on a review of base history questionnaire required by Cal-OSHA standards CCR Title 8; section 5144. The Physician or Licensed Health Care Provider may require other diagnostic tests, physical examinations and the specific requirements of the position applied for or occupied by the individual named above.

Has the employee an detected medical conditions that would increase their risk of material health impairment from occupational exposure or respirator usage? Yes No Undecided

Does the employee have any limitations in the use of personal protective equipment (e.g., clothing or respirators) ? Yes No Undecided
Please explain:

Does the employee need follow-up with a physical examination or further diagnostic exams / tests? Yes No Undecided

Status:

<input type="checkbox"/>	Respirator Qualified	The examination indicates no significant medical impairment, can be assigned any work consistent with skills respirator use.
<input type="checkbox"/>	Respirator Qualified	The examination indicates non-occupational medical impairments, referred to personal physician for follow-up. Can be assigned to any work consistent with respirator usage.
<input type="checkbox"/>	Respirator Qualified	-With limitations and or conditions listed; Limitations are:
<input type="checkbox"/>	Respirator NOT Qualified	

The employee has been informed in writing of the evaluation findings.

Physician's Signature

Date