

**Hazardous Materials Training Program
Institute of Labor and Industrial Relations
University of Illinois at Urbana Champaign
504 E. Armory Ave.
Champaign, IL 61820
(217) 333-0640
(217) 244-8396 (fax)**

Medical Clearance For Hazardous Materials Training Program

I have evaluated _____ and find him/her medically fit to participate in full "dress-out" using personal protective equipment including a respirator in the hazardous materials training program.

I understand that this does not substitute for full medical clearance for Hazardous Materials activities.

Date: _____ Signature: _____

Name: _____

Address: _____

Telephone: _____

(Please note: this form must be received prior to the start of the class.)