



**NRAO Department of Environmental Safety & Security
Respirator Medical Clearance Request Form**

REQUEST FOR MEDICAL CLEARANCE FOR RESPIRATOR USE

Employee: _____ Job Title: _____

Employee #: _____ Date of Birth: _____

Employer: _____

Employer Phone Number: _____

Age: _____ Height: _____ Weight: _____

Describe the job or work assignment for which respiratory protection will be used:

What hazardous material will respiratory protection be used for? _____

Type or Types of Respirator(s) to be used? _____

Extent of use:

Length of time respiratory protection will be required (hours per day): _____

Will there be elevated temperatures? YES _____ NO _____

Supervisor Signature: _____ Date: _____

Printed Name: _____

PHYSICIAN'S EVALUATION

Employee Name: _____

May _____ May not _____ Wear the above noted respirator(s).

The restrictions for respirator use by this employee are as follows:

Examining Physician Signature: _____ Date: _____

Return the Completed Form to: ES&S Site Safety Division **Copy to:** NRAO ES&S Admin – Diana Torres: dltorres@nrao.edu