



Respirator Users Approval Document

On \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , I do hereby attest that upon reviewing medical questionnaire and based on my  
(date)  
best medical judgment, \_\_\_\_\_ is (initial all that apply):  
(name)

\_\_\_\_\_ Approved to wear the following respirators:

\_\_\_\_\_ Filtering Face Piece (N-95 dust mask)

\_\_\_\_\_ Escape Only Respirator

\_\_\_\_\_ Half Mask Respirator

\_\_\_\_\_ Full Mask Respirator

\_\_\_\_\_ SCBA

\_\_\_\_\_ Required to come for a medical evaluation before respirator clearance can  
Be given.

\_\_\_\_\_ Are approved with the following conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Not approved for respirator use

\_\_\_\_\_  
Signature of PLHCP

\_\_\_\_\_  
Date