

# PRO\*MED SERVICES, INC.

## RESPIRATOR CLEARANCE For Montana Tech

Employee: Last, First, MI	Date of Birth:	Soc. Sec. No.
Address:	City, State, Zip	Telephone No.

Employer:	Supervisor:	Telephone:
Position/Title:	Location:	Fax No.

<input type="checkbox"/> Respirator Questionnaire	<input type="checkbox"/> Physical Exam	<input type="checkbox"/> Respirator Fit test
<input type="checkbox"/> Spirometry	<input type="checkbox"/> X-ray	<input type="checkbox"/> Other

Lung function as determined by spirometry is adequate for respirator use.

Lung function as determined by spirometry is inadequate for respirator use. Please refer to Comments section for more information.

Based upon the answers provided by the employee on the OSHA Respirator Questionnaire, applicant is cleared for respirator use. This clearance is based solely on the information provided by the employee and no objective testing or examination has been performed to verify the accuracy of the answers. Factors not revealed by the questionnaire may exist which would preclude clearance, but are not known to the certifying physician.

Based upon the answers provided by the employee to the OSHA Respirator Questionnaire, this employee needs additional testing prior to respirator clearance. Please see Comments section for specific testing requirements.

Based upon the answers provided to the OSHA Respirator Questionnaire, this employee is not cleared for respirator clearance.

Comments: \_\_\_\_\_  
\_\_\_\_\_

Physician Name (Print) \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

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