

**United  
Occupational  
Medicine**

**REQUIRED EMPLOYER INFORMATION  
For  
RESPIRATOR SUITABILITY/MEDICAL CLEARANCE**

**Company:** \_\_\_\_\_ **Contact/Supervisor:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Employee:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

Circle type of Respirator(s) to be used:

Atmosphere - supplying respirator  
Open – circuit SCBA  
Supplied – air respirator  
Air – purifying (non-powered)

Continuous – flow respirator  
Closed circuit SCBA  
Combination air – line and SCBA  
Air – purifying (powered)

Level of work effort (circle one):    Light            Moderate            Heavy            Strenuous

Extent of usage:

1. On a daily basis
2. Occasionally – but more than once a week
3. Rarely – or for emergency situations only

Length of time of anticipated effort in hours: \_\_\_\_\_

Special work considerations (e.g., high places, temperature, hazardous material, protective clothing, etc.):

A. Please describe employee duties as they relate to the employees exposure/anticipated exposure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Please identify employees representative exposure level or anticipated exposure level: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C. Please list all Personal Protective Equipment (PPE) to be used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Safety Representative

\_\_\_\_\_  
Date