

## RESPIRATOR FITNESS / MEDICAL CLEARANCE

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Company: \_\_\_\_\_

Medically Fit and Approved for All Respirator Use under any working Conditions

Limited Respirator Use Only:

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Not approved for negative pressure respirator but may use a Powered Air-Purifying Respirator (PAPR).

Recommendations including re-evaluation:

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Not Medically Fit for Respirator Use

A copy of this form has been given to the employee.

Licensed Healthcare Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Licensed Healthcare Professional Name: \_\_\_\_\_

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| <input type="checkbox"/> HealthWorks Allentown   | 1243 S. Cedar Crest Blvd, Allentown, PA 18103 | 610-402-9230 |
| <input type="checkbox"/> HealthWorks Trexlertown | 6900 Hamilton Blvd, Trexlertown, PA 18087     | 610-402-0047 |
| <input type="checkbox"/> HealthWorks Bethlehem   | 1770 Bathgate Rd, Bethlehem, PA 18017         | 484-884-2249 |
| <input type="checkbox"/> HealthWorks Easton      | 2101 Emrick Boulevard, Bethlehem, PA 18020    | 610-866-9675 |