

## Attachment 2

### Respiratory Medical Evaluation Form Example

#### What does a medical evaluation look like?

- Employers who have handlers that will be required to use a respirator by the pesticide label must provide them with a medical evaluation by a physician or other licensed healthcare professional (PLHC-P) per OSHA 29 CFR 1910.134(e)(6)(i). If a medical questionnaire is completed by the employee and/or the PLHC-P, this and any other medical records are confidential and not provided to the employer.
- Instead, the PLHC-P provides the employer with a **written evaluation (see example below)** that documents their findings regarding the pesticide handler's ability to use the respiratory protection specified. There is no required format. The employer keeps this **medical evaluation form or letter they receive from the PLHC-P in their files for a minimum of two years (USEPA), and for three years (NJ).**

**Respiratory Medical Clearance Form**

The Occupational Safety and Health Administration (OSHA) requires that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker (or student if applicable) can safely wear a respirator. This form allows your physician or other licensed health care professional to indicate whether you are medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

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To be completed after a medical evaluation that includes review of the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C of 29 CFR 1910.134.

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To be completed by a physician or other licensed health care professional:

NAME: Jessica R. Smith

ADDRESS: 115 Jones St. Plainfield, NJ

DRIVER LIC #: NJ O567876543

PHONE: 555-932-5290

EMAIL: jrs11@gmail.com

I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.

The identified individual is approved to wear (check all that apply):

<input checked="" type="checkbox"/> N95 particulate respirator	<input checked="" type="checkbox"/> Without restrictions	<input type="checkbox"/> With restrictions	_____
<input type="checkbox"/> Half-mask, air purifying respirator	<input type="checkbox"/> Without restrictions	<input type="checkbox"/> With restrictions	_____
<input type="checkbox"/> Full-face, air purifying respirator	<input type="checkbox"/> Without restrictions	<input type="checkbox"/> With restrictions	_____
<input type="checkbox"/> Powered air purifying respirator	<input type="checkbox"/> Without restrictions	<input type="checkbox"/> With restrictions	_____

If applicable, the following workplace conditions will result in additional physiological burden: \_\_\_\_\_

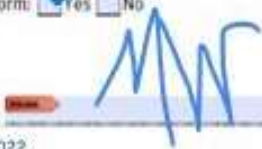
- Follow-up medical evaluation is required if ANY of the following occur prior to approval:
  - a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Medical Evaluation Questionnaire Appendix C was provided by the above identified individual; or,
  - the initial medical examination demonstrates the need for a follow-up medical examination.

This user is approved to wear a respirator.      Approval date: 2/22/2022

This user is not approved to wear a respirator.

I have provided the above identified individual a copy of this form:  Yes  No

Physician or Other Licensed Health Care Professional:

Printed name: Marcus Welby M.D.      Signature:  \_\_\_\_\_

2/22/2022

This completed and signed form **MUST** be provided by the respirator user before the fit test organizers will conduct respirator fit testing.