

INITIAL RESPIRATOR CLEARANCE AND ENROLLMENT FORM

Health Clearance and Initial Enrollment to the Respiratory Protection Program

Respirator User: _____ netID: _____

Resp. User Title: _____ email: _____

Supervisor Name: _____ email: _____

Department: _____

Resp. User Signature: _____

Information for the Respirator User and Supervisor

This form must be completed **prior** to fit testing by Mississippi State University (MSU). Complete the section above and only Part One of this form. Take the executed form to your medical exam.

After Part Two is completed and signed by the physician or other licensed healthcare professional, this document must be returned to Environmental Health & Safety (EH&S) before the respirator user can be fit tested and approved for respirator use at MSU. If fit testing is conducted elsewhere, the employee must still provide documentation of the fit testing and a copy of this executed form to MSU EH&S. This form must be completed in conjunction with the Respirator Medical Evaluation Questionnaire.

IMPORTANT: A hazard assessment must be completed prior to employee enrollment into the Respiratory Protection Program and selection of a respirator. Contact MSU EH&S at workplacesafety@ehs.msstate.edu or 662-325-4607 for information.

Information for Medical Provider

The MSU respirator user being medically evaluated will or may be required to wear respiratory protection in the execution of their work responsibilities. Following your assessment of the respirator user's fitness for respirator use, please complete Part Two of this form, indicating if the respirator user is medically cleared to wear the respirator(s) checked below under the conditions identified herein (Part One) and return the signed form to the address listed below.

Initial clearance may be sent via email to: workplacesafety@ehs.msstate.edu
or a hard copy can be mail to:

MSU Environmental Health & Safety
ATTN: Workplace Safety
Box 9559
Mississippi State, MS 39762



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PART ONE (To be completed by the respirator user with assistance from the supervisor)

Type of Respirator

N, R, or P disposable respirator e.g., N95, P100
(filter mask, non-cartridge type only)
Half facepiece (negative pressure) respirator
Full facepiece (negative pressure) respirator

Supplied-air Respirator/Airline
Self-Contained Breathing Apparatus (SCBA)
Powered-air purifying respirator (PAPR) **tight fit**
Powered-air purifying respirator (PAPR) **loose fit**

Why Do You Need Respiratory Protection? (Check All That Apply)

Laboratory Worker or Researcher with Occupational Exposure Potential to Specific Hazards
Facilities Management (e.g., Painting, Lead Paint Removal, Welding, etc.) Specify: _____
Campus Landscape
Non-Routine Use to Permit Safe Entry to Restricted Areas Where Exposure is Possible
Clinic or Healthcare Use Visual or Performing Arts
Hazardous Waste Technician* Emergency Responder*
Other: _____

*Hazardous waste and emergency response may require the use of restrictive personal protective clothing that can be confining and hot. Medical assessment for these duties should consider the burden of these special conditions. Emergency response will also involve high stress situations, and strenuous activities with physical demands beyond routine work.

Duration of Respirator Use

Frequency of Respirator Use

Escape only (no rescue)
Emergency rescue only
Less than 2 hours per use
2 to 4 hours per use
More than 4 hours per use

Less than 5 times per year
5 to 10 times per year
About once per month
About once per week
Other: _____

Expected Physical Work Effort

Light/Sedentary Moderate Strenuous Very Strenuous

Potential for Heat Stress

High Moderate Low

Potential Inhalation Hazards or Special Conditions Encountered While Wearing the Respirator(s)

Confined Spaces BSL3 Work Life-threatening Conditions
Chemical Vapor/Gas Specify: _____
Particulates Specify: _____
Radioisotopes Specify: _____
Human Pathogens Specify: _____
Other: _____



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PART TWO (To be completed by the licensed health care provider and returned directly to MSU Environmental Health and Safety, by mail or email workplacesafety@ehs.msstate.edu.)

Medical Release and Approval

I have reviewed health information and/or examine _____

(Print MSU Respirator User Named on Page 1)

and determined that they are /are not medically approved to wear the indicated respiratory protection devices in the performance of their job functions (as described herein [Part One]) with * or without limitations.

Medical Health Care Provider Signature

Date

Name of Health Care Provider: _____

Name of Firm: _____

Address: _____

Phone Number: _____

***If approved for one, but not all** indicated respirators (refer to those checked on Page One), or **If approved with Limitations**, please provide classification below.

Please indicate which devices **MAY** be used by the respirator user as applicable:

N, R, or P disposable respirator e.g., N95, P100
(filter mask, non-cartridge type only)

Half facepiece (negative pressure) respirator

Full facepiece (negative pressure) respirator

Supplied-air Respirator/Airline

Self-Contained Breathing Apparatus (SCBA)

Powered-air purifying respirator (PAPR) **tight fit**

Powered-air purifying respirator (PAPR) **loose fit**

If Not Approved for one or all of the requested devices, or if approved with limitations, indicate whether restriction is:

Permanent

Until Further Notice

Until (Specify a Date): _____

Additional Comments and/or Restrictions: _____

