



ENVIRONMENTAL HEALTH AND SAFETY
4600 Health Sciences Road
Irvine, California 92697-2725
Phone Number: (949) 824-3757
Fax Number: (949) 824-1325

RESPIRATOR MEDICAL CLEARANCE

Date: _____

Name: _____ Employee Student

Date of Respirator Evaluation: Reviewed Medical Evaluation Questionnaire
on _____

This individual:

- Is medically qualified for use of an N, R, or P disposable particulate respirator (dust mask, non-cartridge).
- Is medically qualified for use of an air-purified, full-face respirator.
- Has the following respirator use restriction(s): _____
- Is NOT qualified for use of a respirator.

Signature of Licensed Health Care Provider

Date

Print name of Licensed Health Care Provider _____

Print name of clinic/ City: _____

Copy provided to employee/student for their files. You need to keep the signed Medical Clearance form in your files as you will need this document for your fit test.

Scan and email to: occhealth@uci.edu