RESPIRATOR CLEARANCE RECOMMENDATION FORM

ALL Health Occupations students attending ALL sites must have this form completed during their physical. The respirator fitting will be conducted in class.

Company Name: Health Occupations Students
Type of Respirator: N95 **Weight:** 2 ounces

HEALTH STATUS UPDATE

Have you experienced any significant changes, new conditions, or symptoms within the past 12 months (or since last cleared for respirator use) that interfere with or limit your ability to wear a respirator?

☐ Yes ☐ No

Student Name: _____

Student Signature: _____Date: _____

TO BE COMPLETED BY MEDICAL PROVIDER

[ ] Student is cleared to wear respirator as described above.

[ ] Student is cleared to wear respirator with the following restrictions/conditions:

_____

_____

_____

[ ] Student is NOT cleared for use of respirator. Follow-up Medical Evaluation is required due to “yes” answer above.

Licensed Healthcare Provider Signature: _____
(MD/DO/PA/APRN/RN)

Date: _____

Questions or concerns regarding this form should be directed to:
Professional Development Coordinator: 217-238-4987 or
Courtney Conlin, Regional Health Occupations Program Coordinator: 217-258-6283