

PHYSICIAN'S CERTIFICATION FOR USE OF A RESPIRATOR

Name \_\_\_\_\_

I have examined the above-named person and find that s/he is in the proper physical condition to safely withstand the stress associated with the use of a respirator. My examination included questioning of the above-named person. The questioning included, but was not limited to, the identification of exposing chemicals, duration of exposure(s), type(s) of respirator(s) used, and taking a medical history of the individual.

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Date

Use Authorized by \_\_\_\_\_  
(Supervisor or Instructor)

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