

## RESPIRATOR MEDICAL EVALUATION EMPLOYER PROVIDED INFORMATION

### INSTRUCTIONS

**DEPARTMENT HEAD:** Complete Sections I-III for the employee. In Section II indicate the duties the employee will perform which require the use of a respirator and fill in the frequency and duration data.

**EMPLOYEE:** Present this form and NOAA Form 57-17-02 to the Medical Provider.

**MEDICAL PROVIDER:** This form describes the activity and level of exertion of the employee named in Section I. The information below is to be used with NOAA Form 57-17-02 to determine respirator use medical clearance. (A follow-up medical examination is required for an employee who gives a positive response to any question among questions 1-8 on NOAA Form 57-17-02.)

### SECTION I: EMPLOYEE INFORMATION

EMPLOYEE FULL NAME	DUTY STATION	
JOB TITLE	DEPARTMENT or BRANCH	DATE

### SECTION II: RESPIRATOR USE INFORMATION

Employee will be assigned the indicated duties which require the use of a respirator.	Paint Removal Weather Deck	Paint Removal Interior Space	Paint Application Weather Deck	Paint Application Interior Space	Welding Operations Weather Deck	Welding Operations Interior Space	Emergency Response Fire/Smoke	Emergency Response Asbestos Removal	Emergency Response HAZMAT Spill	HAZMAT Handling Weather Deck	HAZMAT Handling Interior Space
Half Mask Filter (2 lbs.)	X	X	X	X	X	X	-	-	X	X	X
Full Mask Filter (3 lbs.)	-	X	-	X	-	-	-	X	X	X	X
Full Mask SCBA (20 lbs.)	-	-	-	-	-	-	X	X	-	-	-
Gloves (<1 lb.)	X	X	X	X	X	X	X	X	X	X	X
Goggles (<1 lb.)	X	X	X	X	X	X	-	-	X	X	X
Disposable Coveralls (<1 lb.)	-	-	-	-	-	-	-	-	X	X	X
Fire Suit (15 lbs.)	-	-	-	-	-	-	X	-	-	-	-
Work Effort (High, Medium, or Low)	M	M	M	M	M	M	H	M	M	L	L
Use Frequency (# of days per month)											
Use Duration (# of consecutive hours)											
Extreme Temperatures during Use											
Extreme Humidity during Use											

### SECTION III: REQUESTING OFFICIAL INFORMATION

DEPARTMENT HEAD NAME and TITLE	
DEPARTMENT HEAD SIGNATURE	DATE