

Dr. Roxanne Dietzler, PC
Occupational Medicine and Family Practice
732 Thimble Shoals Blvd. Suite 102
Newport News, Virginia 23606
757-599-3623 Phone / 599-1819 Fax

Medical Determination For Respirator Use

Part I:

Employee Name:	DOB:
Company Name:	Age:
Type of Work Performed:	Today's Date:

Type of Respirator Used – check all that apply

- Filtering Face Piece (Particulate, Disposable, Single Use, Dust Mask)
- Half Face (Filter, Chemical, Cartridge, Combination Chemical and Cartridge)
- Full Face (Filter, Chemical, Cartridge, Combination Chemical and Cartridge)
- Powered Air Purifying
- Supplied Air Respirator with back up Supplied Respirator without Backup
- Self Contained Breathing Apparatus (SCBA)

Level of Work Effort

- Light – Ex. Sitting, standing using 1-3 # drill
- Moderate – Examples : Assembly work standing, driving, pushing 100 lbs., carrying 35 pounds
- Heavy – Examples: Lifting 50 lbs, climbing with 50 lbs., walking up an 8 degree grade at 2 mph.
- Strenuous – More than heavy

Extent of Useage Daily Weekly Less than once a week Rarely Emergency

Estimated Length of Use of Time Used Per Session _____ hrs. _____ minutes or _____ hours a day

Special Work Conditions:

- Special need for visual or auditory acuity High Places Confined Spaces High Temp.
- Additional Protective Equipment Required Other: _____

Safety Representative: _____ **Signature:** _____ **Date** _____

Part II: To Be Completed by Physician

Medical Determination For Respirator Used Under Work Conditions Described Above
<input type="checkbox"/> No Restrictions on Respirator Use <input type="checkbox"/> Temporarily Not Qualified <input type="checkbox"/> Not Qualified for Respirator Use
Comments:
Roxanne Dietzler, DO Date:

The employee and employer have been provided with a copy of this determination by either mail or fax.