



Respirator Users Approval Document

On ____ / ____ / ____ , I do hereby attest that upon reviewing medical questionnaire and based on my
(date)
best medical judgment, _____ is (initial all that apply):
(name)

_____ Approved to wear the following respirators:

_____ Filtering Face Piece (N-95 dust mask)

_____ Escape Only Respirator

_____ Half Mask Respirator

_____ Full Mask Respirator

_____ SCBA

_____ Required to come for a medical evaluation before respirator clearance can
Be given.

_____ Are approved with the following conditions _____

_____ Not approved for respirator use

Signature of PLHCP

Date

Fax to Chemical Safety at 713-500-5841