

<b>Medical Clearance for Respirator Use</b>	Offender Name: _____
	Offender DOC #: _____
	Employee Name: _____

DATE	TIME	

QHCP Reviewed the "OSHA Respirator Medical Evaluation Questionnaire" submitted by the employee or offender.

QHCP Interviewed the employee or offender about his/her submitted questionnaire.

**Employee or offender is medically cleared to wear respirator:**

**YES**

**NO, referred to outside non-DOC medical provider for further evaluation.**

QHCP Signature: \_\_\_\_\_