

This form should be submitted to the Health Center along with the Physical Evaluation form (NPE).

Department of Nursing Respiratory Protection Evaluation Form

Part 1: This section should be completed by the nursing student to use respiratory protection during the course of work activities and PRIOR to the medical evaluation.

Name _____ Job Title _____
Department _____ Cell Phone# _____

Part 2: This section should be completed by the employee's department PRIOR to the medical evaluation.

Department Supervisor _____ Date _____

Type of respirator to be used (half-face, full-face, PAPR, etc.): _____

Description of work effort (circle one): **Low** Moderate Strenuous

Type of work to be performed with respirator use: _____

Special environmental conditions: _____

Names of each toxic substance during exposure/work: _____

Estimated maximum exposure level during work: _____

Duration of exposure per shift: _____

Part 3: This section should be completed by the health care provider after the medical evaluation.

Health Care Provider: _____ Phone#: _____

Name of Examining Health Care Provider (print): _____

Signature of Examining Health Care Provider: _____

Student is (circle one): without restrictions physically able to wear a respirator.
with restrictions physically able to wear a respirator.
Describe restrictions _____

Student is not physically able to wear a respirator.

Part 4: This section should be completed by the student's department after training and fit- testing.

Department Supervisor (print and sign): _____

Student was was not trained in respiratory protection (circle one).
was was not fit-tested with respirator (circle one).

Respirator Specifications:

Make/Model _____ Size (S/M/L) _____

Filter Type(s) _____