

**OSWEGO HOSPITAL
OCCUPATIONAL HEALTH SERVICES**

Name	SS#
Company	Date of Physical

Check Type or Types of Respirators Used:

- Dust Masks Air-Purifying Unsure
 Supplied Air Self-Contained Breathing Apparatus (SCBA)

Check Level of Work Effort When Wearing Respirator:

- Light Moderate Heavy Strenuous Sustained

Check Extent of Usage:

- Daily Basis > Once a week Rarely, or Only in Emergency

Usual Length of Continuous Respiratory Usage: _____ hours

Special Work Considerations:

- High Places High Temperatures Hazardous Materials Protective Clothing
 Confined Space All of Above Other _____

Signature

Date

MEDICAL CERTIFICATION

Respiratory clearance classification:

- Class I** - Medically fit to wear a Respirator without restrictions
 Class II - Medically fit to wear a Respirator with the following restrictions:

 Class III - No Respirator Use permitted
■ Medically cleared to participate in Fire Brigade duties, including live fire training Yes No N/A
■ Medically cleared to perform Security physical training Yes No N/A **Must wear corrective lenses** Yes No

Reviewed by: Licensed Health Care Professional (signature)

Date

Reviewed by: _____
Designated Medical Examiner (signature)

Date _____