Dept/Job Title: ____________________________ ASU Username: [illegible] __

Appalachian State University Respiratory Protection Program

MEDICAL APPROVAL FOR RESPIRATOR USE
FOR ASBESTOS-EXPOSED EMPLOYEES

Information for Employee to Provide to Physician

Instructions for Employee:
(1) Please complete ALL information on this side. **(2) Give this page to the physician at your medical evaluation.** [illegible] **(\ ) The physician will complete the other side and send the completed form back to ASU.**

Employee Full Name: [illegible]

Date of Birth: [illegible]

Daytime Phone: [illegible]

Respirator Type: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]

Hrs used per day: [illegible]

Days used per mo: [illegible]

Work Effort: **Hard** [illegible]

Medium [illegible]

Light [illegible]

Temperature extremes encountered while wearing respirator? Yes No

Humidity extremes encountered while wearing respirator? Yes No

Additional PPE worn while wearing respirator (list all)? [illegible]

Appalachian State University Respiratory Protection Program

MEDICAL APPROVAL FOR
ASBESTOS WORK & RESPIRATOR USE

Information for Physician to Provide to ASU

Instructions for Physician:

(1) Please review information on other side before performing medical evaluation.
(2) [illegible]omplete this form.
[illegible]
([illegible]) Mail ONLY this completed form to Ms. Debi Trivette, ASU EHS&EM Office, ASU Box 32112, Boone NC 28606-2112. [illegible] 262-6914[illegible]

Employee Name: ____

Date of Medical Evaluation: __________ **ASU Username:** ____________________

[illegible] *Respiratory Protection* [illegible] *Asbestos* [illegible]

[illegible]

___ [illegible]

___ [illegible] **only** [illegible] __________

___ [illegible] **restrictions** [illegible] ______________________________________

___ [illegible]

___ [illegible] **not** [illegible]

[illegible] **followup medical evaluations are required** [illegible] **least annually** [illegible]

[illegible] ***have*** ***have not*** *[mark one]* [illegible]

________ *[initial]* [illegible]

________ *[initial]* [illegible]

[illegible]

___ [illegible]

___ [illegible]

Examining & Reviewing MD Name(s): ______________________________

[illegible]g MD Signature & Date: