



# Medical Determination Cover Sheet

**EMPLOYEE INFORMATION:**

Last Name	First Name	MI	Last 4 SS #	Manager's Last Name

Facility	Department	Title	Department Extension
Long Beach VA			

**RESPIRATOR & USAGE INFORMATION:**

Respirator Type	Respirator Weight	Duration of Use	Frequency of Use
N95 / PAPR	Light Weight	< 2 hours	Seldom Frequent

Expected Physical Work Effort:	Additional Protective Clothing / Equipment to be Worn:
Patient Care	Gloves / Gown

Expected Temperature / Humidity Extremes:	Additional Information:
Normal Temperature and Humidity	

**FIT TEST RESULTS:**

Date	Pass	Fail	No-Test	PAPR	COMMENTS (explain Fail, No-Test, and Recommendations):
	1870				

**DO NOT WRITE BELOW THIS LINE, FOR LICENSED PRACTITIONER'S USE ONLY.**

After evaluating the attached Medical Questionnaire, I have determined that this employee:

<input checked="" type="checkbox"/>	Is medically able to use the respirator as defined on this sheet.
<input type="checkbox"/>	Needs an in-person Medical Examination before a determination is made.
<input type="checkbox"/>	Is medically able to use the respirator based on the following conditions:
<input type="checkbox"/>	Is medically able to use the respirator, but needs a follow-up examination. (When? )
<input type="checkbox"/>	Should be trained to be in the PAPR program.
<input type="checkbox"/>	Should not wear a respirator of any kind.

Date	Print Licensed Practitioner's Name	Licensed Practitioner's Signature

**ADDITIONAL COMMENTS:**

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