

FORM III

MEDICAL MONITORING RECORD

I have examined \_\_\_\_\_, and find indications/no indications preventing the use of respiratory protective equipment.

This includes: (circle all acceptable apparatus)

- a. Air Purifying Respirators
- b. Powered Air Purifying Respirators
- c. Self-Contained Breathing Apparatus
- d. Airline breathing apparatus.

Have you ever had any of the following:                    YES                    NO

- 1. Lung Disease
- 2. Persistent cough
- 3. Heart trouble
- 4. Shortness of breath
- 5. History of dizziness or fainting
- 6. High blood pressure
- 7. Diabetes
- 8. Claustrophobia
- 9 Heat exhaustion or stroke
- 10. Ruptured eardrum
- 11. Defective Vision
- 12. Defective hearing
- 13. Contact lenses/glass
- 14. Taking medication

Physician's Signature:

Date:

- Restrictions:
- 1. No restrictions on respirator use.
  - 2. Some restrictions (see below).
  - 3. No respirator use permitted (see below).

Comments:

cc: Dept. File  
Human Resources  
Environmental Health & Safety