Missouri State

SCHOOL of THE ARTS
Department of Art and Design

Medical Clearance for Voluntary Respirator Use

Name: M#: Date:

Supervisor/Instructor: Department/Area:

Indicate which type(s) of respirator(s) to be used:

- Half face air purifying (non-powered) respirator
- Full face air purifying (non-powered) respirator
- N95/KN95 filtering facepiece respirator

Extent of usage: (check one)

- Daily
- Occasionally, but more than once a week
- Rarely or for emergency situations only

Length of time of anticipated effort in hours: (Never to exceed a single 2-hr increment of time.)

Special work consideration (i.e., chemicals for grounds application, dust, protective clothing, etc.):

Supervisor/Instructor approval signature:

Physician Evaluation of:

Based upon medical review: (check selection)

- No restrictions on voluntary respirator use
- Some specific restrictions (noted below)
- No respirator use permitted
- Screening evaluation suggest that there may be conditions that must be evaluated by your personal care physician to determine whether or not it is safe to wear a respirator.
- Re-evaluation in months.

Restrictions/Comments:

Date: Examining physician signature:

Upon completion, scan and upload as PDF to ***Medical Clearance for Voluntary Respirator Use*** *submission form.*