

APPENDIX C

UNIVERSITY HEALTH SERVICES – Supervisor Checklist

This form should be completed and available to the examining provider at University Health Services Clinic at the time of your medical evaluation.

Employee Name: _____ M Number: _____

Date of Birth: _____ Dept/Div. _____ Contact Telephone _____

Respiratory working conditions and types of respirators			
Duration and Frequency of Respirator Use (circle):			
Daily	Occasionally (>1x /week)		
None	Rarely (_____ hrs/yr)	Emergency only (_____ x /yr)	
Responsible for the Safety of Others:		Yes	No
Expected level of physical activity:		Light	Moderate Strenuous
Working in hot or humid environments?		Yes	No
Agents/Hazards/Products to which Employee may be exposed _____			
Additional personal protective equipment worn while wearing a respirator: _____			
Disposable Filter-Mask (N95, N99, N100)		SCBA	PAPR
Air purifying Half-face (cartridge filter ½ mask)		Air purifying full-face (cartridge/filter)	

Supervisor's Name: _____ Phone: _____ Fax: _____

Do you work with or have potential exposures to any of the following		
Asbestos/Lead	Yes	No
Chemicals	Yes	No
Radiation	Yes	No
Biological/Infectious Agents	Yes	No
Environments that are IDLH	Yes	No
Laboratory Animals	Yes	No
Noise	Yes	No
Additional Services		
Physical Exams (circle one)	New Employee	CDL/DOT None
Urine Drug Testing (circle one)	Federal	non-Federal None

Supervisor Signature _____

Date _____

Fax form to University Health Services at 584-2222

Respirator Clearance –Supervisor Checklist (May 15, 2009)