

Legacy Medical Group

Instructions for Employers

Respiratory Medical Surveillance LMG OCC MED/OSHA Form

Employers, please use our LMG OCC MED forms, not the forms from the OSHA website, when helping to prepare your employees for a respirator fit test.

The LMG "Record and Report" Employer Form includes a very important portion for the employee and employer to fill in, along with the "report section" (the lower half of the form), where our health practitioners write "pass" or "fail" and any recommendations.

Our LMG OCC MED Respirator Medical Evaluation forms give our health providers important additional information so they can decide if a respirator is appropriate for the applicants.

Please always instruct your employee(s) to fill out their portion of the Respirator Medical Evaluation form completely. It must include a complete address, a date of birth, a contact phone number, and your company name.

The portion filled out by your employee is confidential, which means you must give your employee an envelope labelled with their name. Instruct them to place their finished form in the envelope, seal it and return it to you. You may then forward it on to our clinic.

To clarify, our health providers use the LMG OCC MED/OSHA form to determine whether or not an individual is able to safely wear a respirator. If the answer is "yes", the next step is a respirator fit test. If, however, the provider has questions or concerns, the individual may need a follow-up medical evaluation which may include medical tests or diagnostic procedures per the OSHA Respiratory Protection Standard. Testing that could be required can include a lung function (spirometric) test, or bronchodilator test if they use inhalers. If the additional testing indicates that the individual cannot safely wear a respirator, there is no need for the respirator fit test.

You may also stop by the clinic or call 971-983-5340 to request an emailed copy of the Respirator Medical Evaluation forms in either English, Spanish or both. Please make copies for future reference and utilization. Employer Record and Report forms are only available in English. You can find the forms on-line at www.legacyhealth.org/occmcd and then choose Forms and Resources from the listing on the left side of the page.



Employer Form

LMG Occupational Medicine
at Legacy Woodburn Health Center
1875 N. Hood Avenue, Suite 130
Woodburn, Oregon 97071
legacyhealth.org/9bhs
971.983.5340

REPORT DATE: _____ USE EXPIRATION DATE: _____

RECORD AND REPORT OF MEDICAL EVALUATION EMPLOYEE RESPIRATORY PROTECTION PROGRAM

Under federal Occupational Health regulations (29-COSHA 1910.134 - available at www.OSHA.gov), an employee assigned to job duties that require the use of special respiratory Personal Protective Equipment is evaluated by a health care provider prior to being fit tested and beginning these job duties to determine that they are "medically able to use a respirator." This evaluation is based on considerations of the job duties and the types of respiratory equipment required as well as one or more of the following: a mandatory questionnaire, a medical and work history, spirometry (pulmonary function test), a medical examination or other tests and procedures.

THIS PAGE ONLY TO BE FILLED OUT BY EMPLOYER. PRINT CLEARLY IN INK. THIS BECOMES A PERMANENT RECORD.

EMPLOYEE NAME	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB	EMPLOYEE PHONE
JOB DUTIES:	COMPANY:		
<input type="checkbox"/> NO MASK FIT APPOINTMENT NEEDED <input type="checkbox"/> MAKE MASK FIT APPT. WITH _____	<input type="checkbox"/> EMPLOYEE or <input type="checkbox"/> COMPANY		<input type="checkbox"/> INTERPRETER NEEDED

Types and weights of respirators:
Duration and frequency of use:
Expected physical work effort:
Additional protective clothing to be worn:
Temperature and/or humidity extremes:
Is respirator use mandatory or voluntary: mandatory voluntary

RESPIRATOR FIT TEST RESULT - DO NOT FILL OUT ITEMS BELOW

Based upon a review of the information developed through the evaluation process and taking into account the anticipated demands of the tasks and equipment involved in this job assignment it is my finding that:

- This individual has no apparent history or medical condition that would indicate that this individual is not in adequate health to be MEDICALLY ABLE to properly use the appropriate respiratory PPE.
- This individual has a history or medical condition that warrants special consideration or adaptation prior to assignment to this job and the required respiratory PPE. (SEE BELOW)
- This individual has a history or medical condition that warrants further investigation or evaluation before it can be determined that the individual is "medically able" to use the assigned respiratory protective equipment. (NOTED FOR EMPLOYEE IN SERVICE BELOW)
- It is medically inadvisable that this employee be assigned to these tasks at this time.

RECOMMENDATIONS AND LIMITATIONS (employee and/or workplace):

PROVIDER'S SIGNATURE _____ NAME AND DEGREE _____ DATE _____

Employee Form (first page)

INITIAL "RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE"

EMPLOYEE NAME (Last, First, MI):	TODAY'S DATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	AGE TO THE NEAREST YEAR	BIRTH YEAR
PHONE NUMBER FOR EVALUATOR TO REACH YOU	BEST TIME TO PHONE YOU	HEIGHT: ____ ft ____ in	WEIGHT: ____ lbs	
EMPLOYER/COMPANY:		JOB REQUIRING RESPIRATOR		

This Questionnaire is part of the Company's written Respiratory Protection Program, intended to ensure employees are medically able to wear a mask and that they wear it properly in order to protect their health. This information will be reviewed by a provider who will evaluate that medical ability. In some cases, there may be further testing as part of the evaluation process, such as a follow-up medical examination, a pulmonary function test, etc.

This evaluation will be done by the provider identified on page 6 of this form. The provider's name, address and telephone number are posted at the Company.

This evaluation is required before you can be assigned to jobs at the Company that require respiratory protection. Please answer each question honestly and to the best of your ability. To maintain your confidentiality, your employer must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the provider who will review it. The information you provide is confidential and is not released to the Company unless a Release of Information, provided by the Company, is signed by the employee and kept on file at the Company. These questions are required by occupational safety and health regulations. (please print your answers so they are readable).

PART A, SECTION 1 (MANDATORY)

A. Has your employer told you or have you been told how to contact the health care professional who will review this Questionnaire? (circle) Yes No

B. Check the types of respirators you will be using on this job:
 Not resistant, Resistant or Oil Proof filter disposable mask;
 Half or full face N, R or P Cartridge filter reusable mask;
 Half or full face powered filter mask;
 Half or full face supplied airline mask;
 Half or full face self-contained Breathing Apparatus.
 Other: _____

C. Have you worn a respirator in the past?
If "yes"; what types (can answer in box on Page 4, item 17)? _____ (circle) Yes No

D. Did you experience any difficulty breathing while using these respirators? (circle) Yes No
If "yes"; describe the difficulty (can answer on Page 4): _____

PART A, SECTION 2 (MANDATORY) Questions 1 through 10 must be answered by every employee who has been selected to use any type of respirator (please circle):

- Do you currently smoke tobacco or have you smoked tobacco in the last month? (circle) Yes No
- Have you ever smoked/vaped other substances? (circle) Yes No
- Have you ever had any of the following conditions?
 - Seizures (fits): Yes No
 - Diabetes (sugar disease): Yes No
 - Allergic reactions that interfere with your breathing? Yes No
 - Claustrophobia (fear of closed-in places): Yes No
 - Trouble smelling odors: Yes No

Please refer to the **LMG OCC MED Service Tip Sheet** for specific preparation instructions for these, and other, services.