

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)