

## MEDICAL SURVEILLANCE ASSESSMENT

UNL Respiratory Protection Program

Revised 3/11

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(For assistance, please contact EHS at (402) 472-4925, or visit our web site at <http://ehs.unl.edu/>)

Employee's Name/ID Number:

Department:

Date of Medical Evaluation:

Medical Evaluator Contact Information (If not St. Elizabeth's Company Care):

**After reviewing the medical history and/or examination of this employee and the EHS hazard assessment, it is my opinion that:**

- The employee is medically qualified to wear a respirator without limitation.
- The employee's health is at increased risk when using a negative pressure respirator; however, the employee may safely use a PAPR.
- The employee is NOT medically qualified to wear a respirator.
- The employee may only wear a respirator with the following limitation(s):

**My recommendations for medical re-evaluation pertaining to respirator use by this employee are as follows:**

- Medical re-evaluation is not necessary unless the employee develops a new physical or psychological condition that may impact their ability to use the prescribed respirator.
- Medical re-evaluation is recommended at the following time interval:
  - Annually
  - Other (Specify: \_\_\_\_\_)

\_\_\_\_\_  
Signature of Reviewing Physician

\_\_\_\_\_  
Date

**Transmit a copy of this form to UNL Environmental Health and Safety by fax: (402) 472-9650; or by mail: 3630 East Campus Loop, Lincoln, NE 68583-0824.**